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ABSTRACT

Real progress toward large-scale comprehensive service delivery to children and their families is possible only when community agencies move beyond cooperation to genuinely collaborative ventures at both the service delivery and system level. The following factors that affect the success of collaborative efforts were developed from an analysis of 13 interagency initiatives that include the cooperation of a school with at least one human services agency: (1) the climate in which initiatives begin; (2) the processes used to build trust and handle conflict; (3) the people involved; (4) the policies that support or inhibit their efforts; and (5) the ongoing availability of resources. The following guidelines for new partners are outlined: (1) involve all key players; (2) choose a realistic strategy; (3) establish a shared vision; (4) agree to disagree in the process; (5) make promises you can keep; (6) focus on common goals; (7) build ownership at all levels; (8) avoid convenient excuses that prevent partners from working together; (9) institutionalize change; and (10) publicize success. An inventory of questions to help agencies assess the need for interagency partnerships is included. Thirteen program descriptions, a list of resource organizations, and a 56-item bibliography are appended. (FMW)

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WHAT IT TAKES:

Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services

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PREFACE AND ACKNOWLEDGEMENTS

This is the second in a series of publications published by the Education and Human Services Consortium, a loose-knit coalition of national organizations concerned with interagency efforts to connect children and families with comprehensive services.

The first publication, **New Partnerships: Education's Stake in the Family Support Act of 1988**, was aimed at state and local education and human services policy makers, administrators, and practitioners and explored the potential for collaboration among education and welfare agencies in the implementation of the new law.

This monograph, **What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services**, looks at why local schools, health and welfare agencies, youth services agencies, community-based organizations, and others must join forces on behalf of children and families, and offers guidance based on emerging experience about how they can move forward together.

A third publication in this series, **Thinking Collaboratively: Questions and Answers to Help Policy Makers Improve Services for Children**, authored by former Iowa State Senator Charles Bruner, answers a series of questions that state and local policy makers frequently ask about collaboration. It will be issued in early 1991.

The Education and Human Services Consortium exemplifies the kind of close professional collaboration necessary to improve the futures of children and families. The national organizations participating in this Consortium, and other groups that may choose to join, plan to publish additional documents as issues emerge that require mutually supportive and collaborative work.

The following persons affiliated with 22 organizations participated in various ways in the development of **What It Takes**: Robert R. Aptekar, Michael Benjamin, Terri Bergman, Milton Bins, Cynthia G. Brown, Jacqueline P. Danzberger, Janice Earle, Jeremiah Floyd, Evelyn Ganzglass, Mark Greenberg, Robert J. Haggerty, M.D., Samuel Halperin, Harold Howe II, Tom Joe, Clifford M. Johnson, Thomas Koerner, John Kyle, Janet E. Levy, Linda Laughlin, Cynthia Morano, Robert Palaich, Gordon Raley, Cheryl Rogers, Arloc Sherman, Lonnie Sherrod, Bard Shollenberger, Earl N. Stuck, Jr., and Laura Waxman. Other colleagues in the field, including Deborah Both, Charles Bruner, Sharon L. Kagan, Michael Kirst, Lisbeth Schorr, and Lynda Tredway also provided valuable insights. Elizabeth Korn and Louise E. Clarke assisted ably in the final preparation of the manuscript.

Funding from the W. T. Grant Foundation Commission on Work, Family and Citizenship supported the creation of the Consortium and the writing of this monograph. The generosity of the Annie E. Casey Foundation and the Lilly Endowment has made it possible to print and disseminate **What It Takes** in large numbers across the country.

January 1991

Additional copies of this publication are available for $3.00 pre-paid from the Education and Human Services Consortium c/o IEL, 1001 Connecticut Avenue, N.W., Suite 310, Washington, D.C. 20036-5541. Tel.: 202-822-8405. Any or all portions of this report may be freely reproduced and circulated without prior permission, provided the source is cited as Atelia I. Melaville with Martin J. Blank. **What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.** Washington, DC: Education and Human Services Consortium, 1991.

What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services

by **ATELIA I. MELAVILLE**
William T. Grant Foundation Commission

with **MARTIN J. BLANK**
Institute for Educational Leadership

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INTRODUCTION

Every day, thousands of youth workers, child care personnel, protective services staff, health workers, teachers, employment and training specialists, mental health counselors, income maintenance workers, members of the business community, volunteers, and policy makers face the responsibility of fostering success for our nation's children and families. This monograph is addressed to each of them. By speaking to such a diverse audience, the 22 organizations comprising the Education and Human Services Consortium hope to encourage conversation and constructive action among those who share a common interest in the same group of families and children. As participants from across the human services and education systems realize the degree to which they are capable of supporting and enabling each other's efforts, we believe that better services and improved outcomes for our nation's families will follow.

What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services begins, in **Part One**, by asking what kind of prevention, treatment and support services children and families need to succeed—as students, parents, and workers—and why the current system so often fails them. It describes what high quality, comprehensive services should entail and focuses on interagency partnerships as a potential key to the large scale delivery of such services. The monograph distinguishes between limited cooperative efforts and more intensive collaborative arrangements. While local circumstances may lead joint efforts to begin with a primarily cooperative strategy, **What It Takes** argues that *real progress toward large-scale comprehensive service delivery is possible only when communities move beyond cooperation to genuinely collaborative ventures at both the service delivery and system level.* Emerging experience suggests that at least five factors—the **climate** in which initiatives begin, the **processes** used to build trust and handle conflict, the **people** involved, the **policies** that support or inhibit their efforts, and the availability of **resources** to enable their efforts to continue—will affect the ability of local efforts to launch successful collaborative efforts.[1]

Part Two uses an informal sampling of interagency initiatives to illustrate how these five factors can affect local efforts. These partnerships, several of which were developed with state assistance, were not selected as outstanding models of success, although a number have been evaluated with positive results. Instead, they represent good faith beginning efforts to create more effective child and family-centered systems. Examples were suggested by members of the Education and Human Services Consortium, formally solicited through various education and human service networks, and identified in several documents and reports. The basic criterion for selection was the involvement of the K-12 education sector with at least one, preferably several, public or private human services agencies or organizations. Wherever possible, we looked for evidence of sustained change, or the potential for such change, in the policies of participating organizations, as well as an evaluation focus on improved outcomes, instead of simply services rendered. Data were collected from program materials and reports, evaluations, and in a number of cases, telephone interviews. We are indebted to these initiatives for sharing their work.

Part Three is intended as a working tool for policy makers, administrators, and practitioners to use in their conversations about interagency partnerships. A section entitled **Guidelines For Practitioners** summarizes key points of successful collaboration. A list of questions is also offered to assist practitioners in assessing their own agencies' need for partnerships. Readers are encouraged to duplicate the pages presented in color (including the scenario with which the document begins) and to use these in workshops and other forums designed to consider issues related to comprehensive service delivery. A **Feedback Form** is also included. Your responses will help the Consortium know what additional resources might assist local efforts.

Our intent has been to bring a much-needed practical resource to a diverse group of education and human services colleagues in a timely fashion. No attempt was made to cover the waterfront of promising initiatives, provide exhaustive case studies, or measure their effectiveness. Those who wish to know more about a specific initiative or to continue the conversation begun here are referred to **Appendix A: Program Descriptions and Contact Information**. A directory of the 22 organizations that have participated in the development of this monograph is offered as an additional source of assistance in **Appendix B**. Finally, a bibliography of recent publications on various aspects of comprehensive service delivery is provided in **Appendix C**.

A Family At Risk

The click of the dead bolt on the front door reminded Tom that he was alone. He knew that his mother's job at the nursing home would keep her away till dark and, for now, he was grateful for the solitude. Another fight had erupted in the early morning hours when Ed, his 17-year-old brother, came home again drunk. Ed hadn't been going to school all semester though his mother only found out when the school sent a notice that he had been expelled for truancy. How was she supposed to know what was going on in school, she said. Didn't she have enough to do making sure they had a roof over their heads? Angry and disappointed, Ms. Wagner told Ed that, if he wouldn't go to school, he had to get a job. He was sure that he could find something better, but finally settled for a fast food job.

School was a touchy subject with Ms. Wagner these days. At work she was told she would be promoted from a nurse's aide to a medicine aide if she passed a course at the community college. She wanted the promotion, but she'd only finished the 10th grade, and her reading and writing skills were so rusty she was afraid to try college-level work. She felt locked in a corner and worried that Alice, Tom's older sister, was heading toward the same dead-end.

When Alice got pregnant, she missed a lot of school and felt as though her teachers treated her differently. Finally, she dropped out. Alice knew she should see a doctor, but she dreaded going to the health clinic alone. Her mother took a day off from work—without pay—so she could help Alice get to the clinic and to the welfare department to sign up for assistance when the baby came.

At the health clinic, Alice wanted to ask the nurse some questions, but she decided not to; everyone seemed in a hurry and annoyed that she had waited so long to come in. At the welfare department, she repeated the information she had given at the health clinic. Mrs. Smith, the intake caseworker, gave Alice the name of an employment and training program in case she wanted to earn a high school equivalency diploma or get a job, though she doubted that Alice would pursue the lead.

When Brandon, Alice's son, was born, he weighed less than three pounds. The doctors said he would probably have ongoing problems. He cried easily and was difficult to soothe; Alice seldom wanted to hold him. Ms. Wagner decided to cut back to part-time work to help Alice manage. She would lose her health insurance and some bills would go unpaid, but what else could she do?

Several months later, a space opened up in the subsidized infant care center a church member had told them about. Soon after, Alice enrolled in the employment and training program she had been referred to. Ms. Wagner, whose job at the nursing home was no longer available, went back to doing day work. Alice loved her high school equivalency and data processing classes but on Wednesday afternoons her class schedule made it impossible to get to the day care center before it closed. Alice tried to explain her predicament to the child care staff but the late pick-up charges kept adding up. Finally the center said she couldn't bring Brandon anymore. The director said they wanted to be flexible but the center had its rules. Alice missed nearly two weeks of class trying to find a babysitter, but no one wanted to watch an infant baby who needed so much attention. Eventually, Alice's place in the employment and training program was given to someone else. For months she seemed angry with everyone, especially Brandon.

On the way to school, Tom thought about how he used to enjoy math. He wondered how it had gotten so complicated; now he was failing and dreaded being called on in class. After one particularly humiliating episode, Tom blurted out his school troubles to Hal, a recreational aide at the community center. Hal said Tom should just do his best. Deep down, though, Tom wasn't sure his best was good enough. Remembering the uncompleted homework problems stuffed into his knapsack, Tom winced at the thought of another lecture from Ms. Shaw, his math teacher.

Later that morning, Ms. Shaw corrected papers as her class did seat work. The results of yesterday's pop quiz looked as though Tom still hadn't mastered the mechanics of dividing fractions. Didn't he know that it was only going to get harder? She sighed, suspecting that he didn't get much reinforcement at home. The mother never came to school and hadn't made a peep when her older son dropped out. Someone said they thought there was a girl in the family, too. As she looked at Tom, in the same clothes he'd worn yesterday, struggling to stifle a yawn, the teacher wondered what she could do. Well, if he continues to do poorly and fails the class, she reasoned, at least he'll get some special help. Abruptly, the sound of the class buzzer ended her reverie, and she turned her attention to the stack of papers still left to correct.

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PART ONE: WHERE WE ARE— WHERE WE NEED TO BE

"The task of realigning the social welfare system with the needs of modern America will require efforts in the public and private sectors, a variety of methods, and many years. Most of all, it will require a realistic new consensus about our responsibility to each other, now and in the future—a vision of where we are and where we want to go as a society."

The Common Good[1]

A CHANCE TO SUCCEED

What does it take to help children whose families are struggling to survive the challenges of single parenthood, inadequate education and training, unemployment, teen pregnancy, substance abuse, or chronic disability? What do they need, not only to stay in school, but to continue learning? How can their parents—or their older brothers and sisters—develop the skills they need to support themselves and their children?

In the case of the Wagner family, chances are good that an adult education class in study and test-taking skills might have played a major part in helping Ms. Wagner earn a promotion and increase her ability to support her family. Early and consistent prenatal health care and nutrition might have protected Alice's baby from the negative consequences of low birth weight. With counseling, tutoring, and a caring relationship with a knowledgeable adult for Ed and Tom, and child care for Alice, all three might still be learning, building skills, confidence, and a future. Instead, a family found itself losing ground and losing hope.

A combination of changing labor force requirements and a history of school failure is driving millions of young people and families like the Wagners beyond the pale of economic success. Today's service economy depends to an unprecedented degree on basic skill competency among workers at all levels. Even though the number of 16–24-year-olds is expected to decline 20 percent between 1980 and 1995, there will be few employment opportunities for those unable to read, write, and speak English easily; to understand and perform basic mathematical computations; and to apply what they have already learned to new situations. Says the Hudson Institute's *Workforce 2000* report: "Unless workforce basic skills are raised substantially and quickly, we shall have more joblessness among the least skilled, accompanied by a chronic shortage of workers with advanced skills."[2] As we edge toward the 21st century, human capital is rapidly becoming an asset as crucial to corporate survival as either plant and equipment or financial capital. It is an asset no less vital to the survival of our families, our communities, and the future of our democracy.

To a degree we have never before known, basic academic achievement has become a prerequisite for employment, self-sufficiency, and success. By the same token, school failure increasingly functions as a proxy measure for a raft of often overlapping problems that burden the lives and limit the horizons of our young people: teen pregnancy; unemployment; delinquency; child or substance abuse; and others. A growing proportion of America's children needs easy access to a broad array of high quality services and supports that seek to prevent, as well as to treat, their problems and that recognize the interrelationship among their education, social service, health, child welfare, mental health, and employment and training needs. Instead, many American families are lost in a catch-as-catch-can non-system of public and private services. Too often, this fragmented system offers too little, too late.

HOW WE FAIL OUR CHILDREN

As the Wagners' experience typifies, there are many reasons for the failure of our current system. **First, most services are crisis-oriented.** They are designed to address problems that have already occurred rather than to offer supports of various kinds to prevent difficulties from developing

in the first place. As a result, Tom will not be eligible for special tutoring until he actually fails his math course. By that time, his problems will have multiplied and become more difficult to resolve. The label "slow learner" will confirm his worst fears and permanently affect how he feels about himself and how others view him. Now out of the system, his brother Ed will not be encouraged to reenter school and is unlikely to receive any additional services unless he is arrested for a status offense or criminal activity.

Second, the current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect their interrelated causes and solutions. Services designed to correspond to discrete problems are administered by literally dozens of agencies and programs, each with its own particular focus, source of funding, guidelines, and accountability requirements. Even though a child and his or her family may need a mix of health, education, child welfare or other services, separate and often conflicting eligibility standards and rules governing the expenditure of funds militate against comprehensive service delivery. Services are provided within, rather than across, service categories. As a result, providers tend to concentrate on a single solution to a specific problem—focusing on their own narrow objectives—rather than working together toward a common goal that addresses the range of situations contributing to a family's problem or standing in the way of its resolution. Although each provider may offer quality services, no single provider is likely to assist each individual, much less his or her family, to identify a tailored set of comprehensive services, ensure that they are received, and evaluate their outcome.

For the Wagners, this division meant that Ms. Smith, the intake worker, considered only Alice as her primary client and her primary obligation determining Alice's eligibility for assistance. She felt no responsibility—or her large workload eliminated her ability—to explore how Alice's pregnancy would affect the other members of her family, in particular Ms. Wagner's continuing ability to work outside the home. And, even though she referred Alice to an employment and training program, neither Ms. Smith nor Alice's subsequent income maintenance worker assumed responsibility for helping Alice effectively coordinate her education and childcare needs when problems arose.

A third reason for the current system's inability to adequately meet the needs of children and families is a lack of functional communication among the myriad public and private sector agencies that comprise it. Agencies with pronounced dissimilarities in professional orientation and institutional mandates seldom see each other as allies. Outright rivalry often occurs when they must compete for scarce resources. Operating like ships passing in the night, agencies have little opportunity to draw on services available throughout the community that might complement their own. Because providers typically concentrate on what they are able to provide rather than what their clients need, they are unlikely to discover critical difficulties that are not yet being addressed or to join forces with other agencies to fill these gaps.

Children and families in such a system bounce like pinballs in a pinball machine—from problem to problem, from one agency to the next—with little cooperation or follow-up.[6] For Tom, this lack of communication meant that Hal, the recreation coach to whom he spoke about his problems with math, was unable to connect him with community center services operated in conjunction with the school or with other agencies that might offer him the one-to-one tutorial assistance and guidance he needed.

Fourth, our current system falls short because of the inability of specialized agencies to easily craft comprehensive solutions to complex problems. Existing staff typically represent only a narrow slice of the professional talent and expertise needed to plan, finance, and implement the multiple services characteristic of successful interventions. Otherwise strong programs are often severely hampered by the absence of critical support services. In Alice's case, because the employment and training program in which she enrolled

"Prevention is generally cheaper and more effective than crisis intervention and remediation. Nonetheless, our society generally has committed few resources to . . . help . . . families until children are seriously harmed or strike out at others."

Children's Defense Fund[4]

offered neither its own child care services nor brokered services with nearby providers, Alice was forced to drop out. No alternative plans were made to help Alice continue her high school equivalency course in an evening program or to receive the parenting or child development classes that might have helped her adjust to the demanding role of full-time caretaker.

Fifth, existing services are insufficiently funded. For example, after more than 25 years of proven success, Head Start funding is available to serve only about 25 percent of all eligible three-to-five year-olds. Only about half of the low-income children who could benefit from educational assistance in programs under Chapter 1 receive services. Foster care reimbursement rates fall far below the estimated cost of raising a child in even modest circumstances. Funding is available to help only a fraction of the teens in foster care make the transition to independent living. Employment and training services provided under the Job Training Partnership Act (JTPA) serve less than five percent of eligible youth and provide an average of only 18 weeks of training.

In virtually all areas, our current system provides insufficient prevention, support, and treatment services to make a lasting difference for young people who must overcome multiple problems and years of neglect. There is a pressing need for a vastly expanded national investment in our children and families. This commitment must include not only increased support for comprehensive service delivery, but vigorous efforts on the part of government and business leaders to revitalize our country's economy and create many more opportunities for families to find productive employment at a decent wage.[8]

"... needed services may not be available from the program an individual randomly enters. Often, individuals are limited to the services offered by the agency selected, even if what they need the most is offered by a different agency across town, even down the street."
National Alliance of Business

NOT SOMEBODY ELSE'S PROBLEM

At an organizational level, the combined results of this problem-oriented fragmentation are bureaucracy and administrative inefficiency. For families like the Wagners, the consequences are spelled out in more personal terms—in the downward spiral of school failure, underemployment, inadequate health care, delinquency, and substance abuse.

Nowhere is family distress of this sort mirrored so clearly as in our schools. Unlike most other social welfare institutions, the schools are responsible for serving all of our children. But schools alone are not responsible for solving all of the problems that keep young people from succeeding there. Bringing together the assortment of services the third of our young people who are most at risk so urgently need—and that would be useful to all others—requires a joint effort by all child and youth-serving sectors. A categorical system makes it all too easy for each sector to blame some other part for limiting what it can accomplish on behalf of children and families. Increasingly, practitioners, policy makers, parents, and taxpayers agree that finding ways to keep children in school and learning is not somebody else's problem. It is a shared responsibility.

Mental health, employment and training, child development, recreation, health and welfare services, as well as education have a vital interest in promoting school success. Unless young people struggling to avoid or overcome multiple problems receive adequate prevention, support, and early treatment, they are unlikely to develop the basic skills they need to survive in the job market. Virtually without exception, this failure will worsen their non-academic problems and increase the demand placed throughout the human services for more costly treatment and long-term financial subsidies.

Teachers, administrators, and counselors seeking to improve the schools are by now well aware that "while it is [sometimes] convenient to view the delivery of human services as a problem separate from the restructuring of education, the two are inextricably linked."[11]

Schools, however, cannot function as the sole provider of all the services that children and families need and still meet their substantial academic responsibilities. Nor should they necessarily lead interagency efforts to deliver such services. In fact, a school-directed model can limit the extent of another agency's involvement because the school is considered "in charge".[13]

Still, schools do offer a critical point of access to outside services and often provide an ideal location for many kinds of assistance offered in one-stop shopping formats. We believe that education, health, and human services agencies, with so much in common, must join each other as co-equals in orchestrating the delivery of services rather than each struggling on its own—and only succeeding imperfectly.

By combining a wealth of expertise and a variety of perspectives, interagency partnerships have the opportunity to reorient systems away from the narrow dimensions of single agency mandates toward the broad-based needs of children and families.[14] In addition, they have the potential to introduce fresh assumptions about what kinds of services and service delivery will give children and families a genuine chance to succeed.

Throughout each participating agency, changed attitudes can lead to the creation of new roles and improved relationships among staff and *all* the children and families they serve. We agree with the Edwin Gould Foundation that changes in our youth-serving institutions must be enacted not only for our most at-risk children and families—research suggests that long-term and intensive services targeted on families with the most severe difficulties yield impressive dollar benefits—but for all of us "and for our society as a whole. If we are not all empowered, then we are all at risk."[15]

ELEMENTS OF HIGH QUALITY COMPREHENSIVE SERVICE DELIVERY

Affirming a commitment to the concept of high quality comprehensive services is an essential starting point in the process of recasting the fragmented nature of our current system. Because in most communities it will take many interagency partnerships to knit a truly seamless web of services, each initiative must share a similar understanding of what high quality service delivery entails. Agreement on such basic principles will enable the architects of change to build a coherent system—one that will have an enduring, beneficial impact on their community's quality of life.

A wide array of prevention, treatment, and support services is the first essential element of high quality, comprehensive service delivery. Services should be sufficient in kind and number to meet the multiple needs of children, youth, and families, and to respond to the overlapping risk factors that lead to school failure, teen pregnancy, unemployment and other negative outcomes. Had a comprehensive service system been in place in Tom Wagner's community, he and his family would have been helped to identify the assistance they needed from a menu of core services like basic income subsidy, child welfare services, employment training, prenatal and well-baby health care, and education. The family could also have drawn on support services such as child care, counseling, transportation, literacy and basic skills assistance, mentoring, nutrition and consumer education, job search skills, recreation, and leadership development. Help would have been available not only to remediate full-blown problems, but to help Tom and his family reach their full potential.

Second, **comprehensive service delivery must include techniques to ensure that children and families actually receive the services they need.** In the past, efforts to link services have most often relied upon one agency verbally referring families to services in other agencies. But without agreements among agencies to accept and follow up on referred children and families, those most in need can easily slip through the cracks.

The repositioning or *co-location* of staff from one organization to "branch offices" located at other agencies whose clients they share is more effective. For example, health staff might establish a clinic at or near a local high school or welfare counselors might open an office at a community college. Another technique, "*one-stop shopping centers*," provides a wide menu of services at a single location. This method offers children and families the easiest access to numerous services.

Both co-location and single-site service centers reduce the "distance" between families and the help they need. However,

"We have to realize that these are all of our concerns. These are not parents' problems, kids' problems or the schools' problems. They are everyone's concerns."

Fariba Pendleton
4-H Youth Development Agent
Douglas County (Superior), Wisconsin[3]

unless the staff providing various services formulate common goals on behalf of their shared clients, the actual care and follow-up provided is liable to differ very little from what children and families would receive at separate locations.

Case management, a third technique, assigns primary responsibility for helping specific children and families receive appropriate services to either an individual located in one agency and cross-trained in community-wide services and eligibility guidelines, or to an interagency team that might include representatives from the welfare department, the school, the employment and training system, and others. Effective case management establishes a systematic, continuous process in which the child and family are actively involved in planning the steps they can take to improve their lives and in evaluating the results. The overall process includes: 1) needs assessment and goal setting; 2) referral and service delivery; 3) monitoring and fine-tuning services and; 4) advocacy on behalf of clients for more responsive policy and procedures.

The words case management may sound "old hat" to human services workers, but the term takes on an entirely new meaning in the context of high quality, comprehensive service delivery. It implies a new relationship among practitioners, children, and families, not just the bureaucratic management of a "client" through yards of red tape. A technique designed not only to improve access, but to enhance the quality of services received, *case management, as defined here, is not merely service brokering, but a problem-solving partnership among practitioners and clients.* An income maintenance worker, for example, trained in case management techniques might have been able to help Alice negotiate a change in her employment and training class schedule that would have enabled her to keep her son in day care. Failing that, and depending on her "clout"

"To expect a single community worker to master the whole array of available resources that relate to potential youth needs may seem overwhelming. However, to expect a youth-in-crisis or his/her often stressed parents to negotiate unassisted, the maze of agencies, programs and eligibility rules in order to get the help they need is, truly, to ask the impossible."
Center for the Study of Social Policy[5]

CASE MANAGEMENT: NEW ROLES/NEW RELATIONSHIPS

Social workers, guidance counselors, teachers, members of the clergy, and others have long incorporated portions of the case management role into their professional activities. However, they seldom are able to devote the time to a single child, student, or family necessary to help them access all the services they need, nor are they likely to feel competent or even justified in dealing with issues far removed from their primary field of expertise. Certainly they only rarely have the authority to ensure that other agencies provide the services they recommend.

With training and sufficient resources to support a broadened set of responsibilities, however, carefully selected social workers, counselors, or interdisciplinary teams can facilitate high quality, comprehensive service delivery. In order to effectively integrate the many separate elements of existing services, case managers must be:

- partners with clients in setting goals and finding solutions;
- given the power to get services delivered;
- assigned a manageable number of individual cases and work with them on a continuous basis over an extended period;
- allowed to adjust their work schedule and work sites to meet the needs of families;
- trained in case documentation and record-keeping, community services and eligibility requirements, clinical strategies and services, and mechanisms to advocate for youth;
- individuals with initiative, creativity, and good judgment;
- able to inspire trust and convey respect, and encourage the empowerment of young people and their families.[17]

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with the employment and training provider, the case worker might have recommended that Alice's slot in the program be kept open for a short period while they made alternative childcare arrangements.

A focus on the whole family is the third element of high quality, comprehensive service delivery. Problems confronting parents often affect their children, and the converse is frequently true as well. Tom, Alice, Ed and Ms. Wagner each had needs that, when left unattended or only partially met, compounded difficulties for everyone. Even multiple services offered to an individual may not be enough if the needs of other family members are part of the problem that must be addressed. Assistance across generations must be provided when it is needed.

Fourth, **high quality services must empower children and families.** Whether or not children and families seek services voluntarily, they should have a considerable voice in identifying and planning how best to meet their own needs. The rushed and somewhat judgmental reception that Alice received on her visit to the health center was understandable from the service provider's perspective. Nevertheless, it discouraged Alice from asking questions and learning how she could take a more active role in managing her own pregnancy. Although the language of service "delivery" suggests a passive relationship between those who "provide" and those who receive, comprehensive services must be delivered in an atmosphere of mutual respect. The outcome of services hinges on a partnership that enables agencies to fulfill their mandates and children and families to meet their potential.

Finally, **the effectiveness of high quality, prevention, support, and treatment services must be measured by the impact these interventions have on the lives of the children and families,** rather than by the number of discrete units of service provided over a specified period of time. Even after receiving a number of services, Alice had made little progress toward self-sufficiency, the quality of Brandon's home care was in question, Ed and Ms. Wagner remained underemployed, and Tom's slide into school failure continued unchecked. Educators, social workers, mental health personnel, employment and training providers, and others must routinely ask themselves *and their clients*: "Is what we are doing making a difference? If not, what can we do to adjust the mix of services or the way in which we are delivering them?"

Case management techniques can help to ensure that this monitoring occurs continuously. In addition, however, agencies must develop evaluation procedures that measure their clients' progress toward realistic indicators of success on both a case-by-case basis and in the aggregate. These should include mutually agreed-upon indicators of long-term progress, such as educational and vocational skills attainment, and reduced infant mortality and teen pregnancy rates, not just short-term measures such as job placement or the numbers of pre-natal visits or family planning interventions provided.

INTERAGENCY PARTNERSHIPS: A POTENTIAL KEY TO LARGE SCALE COMPREHENSIVE SERVICE DELIVERY

Interagency partnerships hold great potential for the large-scale delivery of comprehensive services. First, they offer an opportunity to bring together a broad range of professional expertise and agency services on behalf of children and families. Second, these initiatives have the capacity to harness and combine the substantial financial resources permanently available within several institutional budgets. As a result, interagency initiatives can both create the structure and mechanisms necessary to coordinate existing services and, by tapping into current funding sources, reorganize available resources to create more effective prevention, treatment, and support services.

It is important to remember, however, that the extent of this capacity will depend on the scope of existing funds. Collaboration enables providers to get as much mileage as possible out of available resources and to improve the quality and range of services. What interagency initiatives cannot do is to deliver all the prevention, treatment, and

"The challenge of the future is to reorient the way schools and human service agencies do business . . . so that this knowledge is applied on a much wider scale than heretofore. In this way, today's small successes can reach not just a few . . . but the millions . . . who are now at risk of long-term disadvantage."

Joining Forces

support services needed without additional resources. However, by demonstrating effective outcomes through more efficient use of current funds, interagency partnerships can do much to strengthen the case for expanded investment in children and families.

Building on Innovation

One of the key ways in which collaborations can ensure the delivery of high quality services is by building on small scale experimentation and practical successes. Innovations in comprehensive service delivery developed in other arenas can be institutionalized as a result of interagency partnerships and made available on a far broader scale. Designs financed primarily through a single major funding stream, as well as those developed in comprehensive service programs financed by multiple funding sources, provide approaches which interagency initiatives can learn from and expand.

"We will pay for [solutions] preventively or we will pay for them in crime-fighting, drug abuse and welfare."

Barbara Watt
Department of Social Services
Schoharie County, New York[10]

Single-Source Funding

Comprehensive service programs financed by one major funding stream and administered by a single agency, like Head Start, for example, or a growing number of foundation-funded demonstration programs, are an important source of creative programming and service delivery. Interagency partnerships can learn from these single funding source initiatives, and, by formulating revised goals and adopting specific new policies and practices, they can incorporate the experience of these initiatives into existing agencies' standard operating procedures.

Model programs of this kind are often carefully designed, based on current research, and provide interlocking services to family members of various ages. Typically, these programs assemble a range of related services at a single location or, at a minimum, provide case management services to ensure easy access to services and follow-up support.

Clients and staff who work together over a period of time in such programs have the opportunity to develop mutual trust and positive relationships. Administrators benefit by having to contend with only a single budget, rather than several. In addition, the evaluation requirements that often accompany single-source funding can contribute greatly to the state of knowledge about "what works."

The considerable front-end cost of comprehensive service delivery, however, makes single-source funding—on the scale necessary to meet the needs of all who would benefit—an elusive goal in fiscally difficult times. Foundation support for single agency, comprehensive service demonstrations is, by design, short-lived. In the past, many new, externally-funded programs were developed as add-ons to existing community services. Unless strategies were employed to lock into permanent funding streams, many demonstration programs simply disappeared when outside funding ended.

Recently, however, several foundations have explicitly tried to tie their funding to the goal of institutional change. The Annie E. Casey Foundation's New Futures Initiative, described later in this document, is one notable effort to help communities develop interagency mechanisms to ensure permanent change in comprehensive service delivery.

Multi-Source Funding

Multi-service agencies, which mix public and private grants and in-kind contributions, offer another approach to comprehensive service delivery. The Door, a private, nonprofit comprehensive services agency for at-risk youth in New York City, is a long-time pioneer of this method. It currently offers young people, their families, and other adults in the community over 30, preventive and remedial programs funded by public and private grants and contracts from more than 35 different sources. By creatively combining multiple funding sources, The Door and some other grassroots organizations have responded to highly visible community needs. Their breadth of services, and a particularly wide-angle lens on healthy development, can make such multi-service centers the heart of a neighborhood—places where young people can find alternatives to failure and where they and adults in the community can learn to work and live together.

Creating a flexible set of comprehensive services from literally dozens of health, education, social services, and employment and training funding streams, however, takes the combined talents of Mother Theresa, Machiavelli, and a CPA, says Lisbeth Schorr, Lecturer in Social Medicine at Harvard University.[20] Although a surprising number of gifted and hardworking comprehensive services program directors meet this description, the administrative time and staff required to patch together and maintain accountability for multiple money sources inevitably takes away from organizational development on other fronts. The need to take funding wherever it can be found also runs the risk of scattershot programming. Occasionally, the resulting services become "only a reflection of the confusion and problems of participants,"[21] rather than pathways toward success.

The Door believes that multi-service agencies could do a better job if their funding mirrored the way they delivered services. For example, in order to provide clinic care including appropriate preventive, diagnostic, and health treatment services to the substantial number of young people not covered by Medicaid, The Door must mix State Department of Health preventive and prenatal care funds, federal family-planning monies, and community health center dollars, among others. Because each funding source requires categorical accountability, The Door must separate out exactly how many services were paid for by dollars from each source during non-Medicaid clients' clinic visits. The task then becomes how to subdivide the cost of a single visit into an accurate percentage of time spent on family planning, AIDS education, or general health care.

As proposed by The Door,[22] a multi-year "master-contract," administered through a lead state agency and involving a number of service providers would greatly reduce this complexity. Such a contract would provide a base of guaranteed support for the organization's operations and allow it to subcontract for services that it was not equipped to offer from cooperating agencies. Instead of multiple and often conflicting rules and regulations itemizing specific services provided, the master contract would identify *performance criteria* and a single set of regulations for which the agency would be held accountable. The immediate result: simplified administrative procedures, reduced overhead and supervision costs, and, most importantly, better delivery of comprehensive services. Interagency partnership initiatives at the state and federal level to pool funds and deal with conflicting rules and regulations can create the conditions that will facilitate this strategy and thus ratchet up the scale of comprehensive service delivery through multi-service agencies.

Taking Concerted Action

Communities intent on fashioning a comprehensive service delivery system are likely to experience the most progress when they take concerted action at both the service delivery and system levels.

At the *service delivery level*, interagency initiatives focus on meeting the needs of individual children and families. Initiatives are designed to improve access, availability, and the quality of services that participating organizations provide to their clients.

At the *system level*, initiatives are focused on creating a set of policies and practices that can help to build a community-wide network of comprehensive service delivery. Broad-based system level efforts involving a cross-section of human service, education, government, business, and civic organizations identify gaps in service systems across the community and recommend ways in which they could be filled. They can also negotiate changes in policy, rules and regulations that make it easier for agencies to work together. Ultimately, service delivery efforts must be joined by system-wide policy changes to ensure that all children and families *routinely* receive comprehensive services.

Local interagency initiatives can begin at either level. It doesn't matter where they start, as long as both service delivery and system level efforts eventually evolve. Frequently, the recommendations of system level initiatives spawn service delivery efforts. Conversely, partnerships that begin

"At a time when many families across all income levels are experiencing greater stress and when child poverty is at record levels, the school cannot view itself as an isolated institution within the community, separate from family and community services."

Council of Chief State School Officers[12]

at the service delivery level can broaden into system-wide efforts guided by the same vision of high quality, comprehensive service delivery. Ideally, efforts at both levels will be closely linked. At a minimum, initiatives should be aware of each other's activities and acknowledge one another as potential sources of assistance and support.

- California's **New Beginnings** illustrates the interplay between system level initiatives and service delivery efforts. In 1988, when executives from the City and County of San Diego, the Community College District and the City schools came together to share information about each other's services, broader concerns quickly emerged. How could member agencies, working together, effect a substantial improvement in the lives of children and families throughout the Mid-City area of San Diego? Focusing on system level change, but gathering data from one high poverty neighborhood surrounding Hamiliton Elementary School, the group devised a study to determine: 1) the extent to which families receive services; 2) the relationship between use of services and children's school success; 3) the barriers to effective service delivery perceived by both families and agencies; and 3) whether a more responsive, integrated, and cost-effective system of services could be created.

  In addition to standard survey and interview methods, the partnership took an action-oriented approach to gather information on the effectiveness of services at the system level by initiating new services at the delivery level. In the partnership's case management/action research project, for example, a bilingual Department of Social Services social worker was assigned to Hamilton Elementary school to work in a new, expanded role as a Family Services Advocate. While providing case management assistance to 20 families with multiple problems, he was also able to document specific barriers to receiving services. These could then be addressed at the system-wide policy level by New Beginnings partners planning a comprehensive, school-based service delivery system that is now moving toward implementation.

"Common sense, fiscal responsibility, and compassion argue for policies that ensure all children and families access to supports before problems occur."

W.T. Grant Foundation Commission on Youth[22]

COOPERATION AND COLLABORATION: WHAT'S THE DIFFERENCE?[23]

Once partners at either level decide to work together, they must also agree on whether their partnership will be primarily cooperative or collaborative in nature. That strategic decision will depend, in large measure, on the character of the local environment and how far partners wish to move beyond the status quo.

A collaborative strategy is called for in localities where the need and intent is to change fundamentally the way services are designed and delivered throughout the system. In those communities not yet ready for collaborative partnerships, cooperative initiatives to coordinate existing services offer a reasonable starting point for change. Ultimately, however, these efforts must become increasingly collaborative if they hope to achieve the goal of comprehensive service delivery.

Cooperation at the Service Delivery Level

In a cooperative arrangement at the service delivery level, partners help each other meet their respective organizational goals. They do so without making any substantial changes in the basic services they provide or in the rules and regulations that govern their agencies.

For example, one agency may find itself unable to provide a service that large numbers of its clients need in order to benefit from its core program, while another agency that routinely offers that service may wish to reach new clients. Cooperative arrangements to co-locate services, to make and accept referrals, or to cross-train staff in each participant's service offerings and eligibility requirements would further the objectives of both partners.

Although participants in cooperative ventures may agree to share space, information, or referrals, no effort is made to establish common goals. The services of each agency will continue to be designed, staffed, funded, and evaluated autonomously, with no alteration or input from their cooperating partners. Existing services will become more accessible to a given group of clients, but the quality of services is unlikely to change.

- The **Northampton Community College Adult Literacy Program** provides a comprehensive array of literacy, numeracy, Adult Basic Education, General Education Diploma (GED) preparation, English as a Second Language (ESL) courses, and workplace literacy services. Its programs reach more than 600 adults across the Lehigh Valley, in large part, because of extensive cooperation with other agencies whose clients need literacy help. The program co-locates services at homeless shelters, the county prison, a drug rehabilitation hospice, and offers family literacy services to Title 1 parents in a local school district. A strong relationship with the Bethlehem Chamber of Commerce has led to cooperative arrangements with four different industries in which Northampton provides on-site diagnostic testing in reading, language, and math, and customizes literacy training courses to meet their partners specific needs.

  Northampton College, which provides administrative salaries, classroom and office space for the Literacy Program, and "a virtual playground of resources" for students, benefits by having an on-site program of services for the significant percentage of its students who need remedial assistance. All told, college students account for 20 percent of the department's referrals. Additional funding comes from the Department of Education, private foundations and the local Private Industry Council. An advisory board composed of human service agency directors, business leaders, and administrators of other literacy efforts recommend program direction.

Cooperation at the System Level

At the system level, cooperative initiatives assess the need for more comprehensive services and recommend strategies to coordinate existing services. Because partners are not required to commit budgetary support or to make policy decisions on behalf of the organizations they represent, cooperative initiatives *advocate* for, rather than *negotiate*, policy.

Cooperative ventures usually engage in networking and information-sharing among members, conduct assessments of community needs and identify gaps and overlaps in services. They also recommend plans to better match needs and resources, advocate for their implementation, and improve community awareness and support for comprehensive services. Within this largely assessment and advisory mode, cooperative system level initiatives improve community-wide awareness of existing services, focus attention on the need for change, build trust among participants, and improve the climate for more decisive efforts later on. When used in combination with cooperative service delivery strategies, system level initiatives can foster better coordination of existing services.

Simply improving access, however, is insufficient to ensure high quality, comprehensive service delivery. Coordination alone creates neither the preventive and support services necessary to complement existing services' emphasis on remediation, nor the other elements of comprehensive service delivery essential to the creation of better outcomes for children and families. Efforts that result only in a "neater" system are, at best, "tinkering at the edges."[24] In order to transform our current system and change the institutional dimensions that foster single issue, crisis-oriented services, agencies must make substantial changes in the ways they have traditionally done business. Col-

"Administrative convenience must no longer govern service delivery. Health, social service, and education providers must modify "business as usual" to collaboratively meet the needs of individual adolescents and their families."

National Commission on the Role of the School and the Community in Improving Adolescent Health[15]

laborative strategies offer much greater possibilities for change of this magnitude.

- ♣ The **Floyd County Youth Services Coalition in Indiana** uses a cooperative strategy to influence policy on a range of youth issues at the system level. Created in 1986 to address community-wide coordination of services, the group unites its 50+ public and private member agencies under the common banner of youth development and engages in networking, advocacy, and long-range-planning. As a result:
  - the Coalition's Long Range Planning Committee has conducted a study of its members to determine the perception of service providers about the needs of their clients. This will be used as a companion piece to the United Way's large-scale Allocation Needs Assessment, a home-based field study. Results of client and provider perspectives will be compared and combined with service utilization information and used as the basis of a county-wide human services plan.
  - FCYSC has joined the Chamber of Commerce and is working with business leaders to create a three-county community foundation. FCYSC's participation ensures that the needs of children and families will be one of the foundation's basic priorities.
  - efforts underway to access computerized data bases and other hi-tech resources are enabling coalition members to find new funding sources and reduce a major source of interagency competition.

"A collaborative strategy is called for in localities where the need and intent is to change fundamentally the way services are designed and delivered throughout the system."

Collaboration at the Service Delivery Level

Instead of focusing on their individual agendas, collaborative partnerships establish common goals. In order to address problems that lie beyond any single agency's exclusive purview, but which concern them all, partners agree to pool resources, jointly plan, implement, and evaluate new services and procedures, and delegate individual responsibility for the outcomes of their joint efforts.

The goal of better outcomes for teenage mothers and their children, for example, merges the concerns of the welfare, foster care, health, education, and employment and training sectors. To meet this end, partners might agree to establish a case management team to ensure that all of their shared clients' needs are addressed and to follow up on referrals. In addition, the collaboration might decide to co-locate parenting education classes and health services at the local school. These co-located services will differ significantly from those that result from a strictly cooperative arrangement. Careful negotiation will ensure that the services of entering agencies and those of the host organization are designed to further mutually agreed upon goals. Input from each agency will help to shape the initiative's common objectives, and both partners will be expected to make necessary accommodations in their accustomed methods of service delivery. Entering agency staff will not operate outside the institutional culture of their host agency, instead, they will participate as co-equals in agency-wide staff meetings and will be included in all regular decision-making and information loops.

- ♣ The **Ventura County Mental Health Department Children's Demonstration Project** in California shows how a collaborative interagency strategy works not only to coordinate existing services, but to use resources differently to improve the range and kind of services that are available.

  Over a decade ago, the County Mental Health department set out to provide the best possible care for the most severely mentally-impaired youth at the lowest possible public cost. In order to meet this objective, staff had to provide new outreach mechanisms to locate the neediest clients and new interagency treatment delivery models

to provide them with services that would show cost effective results.

Before the Demonstration Project began, virtually no contact between other agencies and the mental health department existed. For example, in fewer than 15 percent of the cases in which special education children received mental health services, was the mental health worker likely to involve the school in any part of the student's treatment plan or even notify them that a student was under care. Interagency agreements to directly link the mental health department with the special education component of the school district, juvenile court, and child welfare departments—where children with severe mental health impairments were likely to be found—were developed to incorporate mental health services within each institution's set of core services.

In the special education sub-system, a collaborative strategy allowed administrators and line staff from both agencies to reformulate professional expectations, job descriptions, and program design in ways that would integrate services and reflect the interactive relationship between mental health and educational needs. Instead of simply co-locating mental health personnel on the school grounds, the project puts therapists and teachers together in the same classroom where they jointly plan, implement, and evaluate each student's learning plan. As a result, students receive a continuity and depth of services that goes far beyond the traditional "50-minute hour."

Collaboration at the System Level

Collaborative ventures at the system level are empowered—politically, by virtue of their members' collective "clout," or legally, by the state or other entity—to negotiate, as well as to advocate for, programs and policies leading to more comprehensive service delivery.

Members representing a cross-section of youth-serving agencies and government institutions, as well as the private sector, must have the authority to commit staff, financial resources, and facilities and the power to alter existing policies and procedures. What sets these members apart from those in cooperative ventures is their agreement to use this leverage to advance common goals. Going beyond the assessment and advisory activities characteristic of most cooperative system level initiatives, partners in decision-making collaboratives can authoritatively call for new directions in system-wide programming and make the budgetary revisions and administrative changes necessary to implement them.

Through binding interagency agreements, system level initiatives can act to ensure, for example, that the coordinating role of an interdisciplinary case management team, set up as a service delivery level collaborative, is acknowledged by agencies throughout the community. As a result, each provider feels an obligation to follow through on recommendations for services made by case managers, even though the case manager may be located in another agency. System level collaboratives might also authorize the design and implementation of case tracking procedures to make it easier to apply for multiple services and to reduce the administrative time and cost incurred by duplicative intake processes.

When initiatives use an action-oriented collaborative strategy, the distinction between service delivery and system level efforts is frequently blurred. Tangible change at the service level can have system-wide repercussions, particularly, as in the Ventura County example, when several, rather than two or three, agencies are involved in efforts of some scale. At the system level, policy changes made for the express purpose of creating discernible differences in the actual delivery of services can automatically lead to service level collaboration.

"Communities intent on fashioning a comprehensive service delivery system are likely to experience the most progress when they take concerted action at both the service delivery and system levels . . . Ideally, efforts at both levels will be closely linked."

"The advantage of collaboration over cooperation is the possibility it affords to restructure the expertise and resources of partner agencies and . . . design and deliver services that are developmental rather than remedial in philosophy, preventive rather than merely corrective in approach, and centered on the total needs of the child and family."

The advantage of collaboration over cooperation is the possibility it affords to restructure the expertise and resources of partner agencies and to balance their emphasis on specialized problems with a comprehensive approach to child and family development. Far more than simply creating greater access to existing services, a collaborative strategy enables participants, with the will to do so, the opportunity to fundamentally alter existing services. With the power to recombine existing resources, collaborative partnerships can design and deliver services that are developmental rather than remedial in philosophy, preventive rather than merely corrective in approach, and centered on the total needs of the child and family. It is collaboration, far more than cooperation, that offers the possibility of real movement toward the creation of an integrated service delivery system.

- The **Savannah, Georgia New Futures Initiative** illustrates perhaps the most ambitious use to date of a collaborative strategy at the system level. Its ultimate objective is "to trigger and sustain a political process that is powerful enough not only to modify established institutions, but actually to redefine their objectives, their accountability, and their interrelationships."[25] It is still too soon to tell whether it will succeed.

  One of four cities to receive and match between 5 and 12 million dollars from the Annie B. Casey Foundation over a five-year period, Savannah's initiative seeks to reduce the overlapping problems of disadvantaged youth—school failure, youth unemployment, and teen pregnancy—by substantive improvements in the design and delivery of services.

  After measuring and analyzing the needs of community youth and obstacles in the current service delivery system, Savannah leaders have developed plans to: 1) identify high risk youth; 2) improve their school performance; and 3) develop direct linkages between students, businesses, and post-secondary opportunities.

  In order to meet these goals, the Savannah project has adopted a collaborative decision-making and governance strategy. A 15-member public corporation, the "Chatham-Savannah Youth Futures Authority," empowered by state statute to pool monies from multiple jurisdictions and to enter into multi-year contracts, has been established to plan, coordinate, evaluate, and modify the New Futures initiative. It has the authority to receive and allocate funds and audit programs and the responsibility for day-to-day management of the Initiative's undertakings.

  To ensure breadth of ownership and input into the policy-making and evaluation process, four members each are appointed by the City Council, the Chatham County Board of Commissioners, and the County School Board. State level representation is provided by one appointee each from the Georgia Department of Labor and the Department of Human Resources, and the State Board of Education.

  The city provides support for certain administrative tasks. At the state level, the governor has pledged new state money over five years, a redirection of state human service staff positions in Savannah to align with New Futures objectives, membership on the Youth Authority, and the utilization of the New Futures model, if successful, throughout the state.[26]

THE STATE'S ROLE IN LOCAL INTERAGENCY INITIATIVES

State-level leadership can do a great deal to foster comprehensive service delivery at the local level. To be sure, a "first generation" of state-level initiatives has had an uneven effect on local communities. These state efforts routinely occurred at upper administrative levels—close to funding decisions but far removed from the actual provision of services. Many were limited by insufficient resources, members without sufficient authority or genuine commitment to

make substantial contributions, and the tendency of broad-based groups to avoid hard questions in favor of easy answers.[27]

In addition, early state efforts often imposed, rather than facilitated, local action and were frequently seen as intrusive and counterproductive. In one recent study of youth employment and training programs, for example, virtually all the providers saw "mandated coordination as unrealistic and paper-producing."[28] Not surprisingly, top-down efforts that do not take into account local preferences, needs and circumstances are usually only minimally effective.

In contrast to first generation inefficiency, "second generation" state efforts to promote local partnerships are more promising. Many offer technical assistance and incentives to increase the appeal of joint ventures. This help extends to establishing common definitions for frequently used or ambiguous terms, simplifying eligibility requirements across agencies, or helping local institutions involved in partnerships to acquire necessary certifications, such as schools that must be certified as Medicaid providers in order to receive reimbursement for services provided in on-site health clinics. State assistance can also be directed toward creating joint data bases and introducing management innovations to facilitate interagency work. In addition, vigorous state action can provide funding for joint operations, foster partnerships by making funding contingent on interagency involvement, and create demonstration models.

To be most effective in enabling localities to work together, demonstration programs should balance specific objectives to ensure direction, with sufficient flexibility to match local needs and resources. They should also offer oversight and evaluation support to assist localities in keeping programs focused and making progress. Perhaps of greatest importance, states must acknowledge where existing resources are insufficient to implement new models of service delivery and provide adequate financial support to achieve program goals.

"States should encourage providers to integrate their services and create a comprehensive, client-focused network. . . . State regulations that impede collaboration at the state and local level should be eliminated and program providers should be held accountable for how well students are being served."
National Governors' Association[29]

PART TWO:
THE DYNAMICS OF WORKING TOGETHER: FIVE VARIABLES SHAPING INTERAGENCY PARTNERSHIPS

"The most supportive climate is one in which . . . a problem with multiple causes and consequences . . . is a top priority of the community, key decision makers, and service providers, and where previously established working relationships exist among potential partners."

This part of **What It Takes** discusses five factors that strongly influence all joint efforts: the **climate** in which these initiatives begin, the **processes** used to build trust and handle conflict, the **people** involved, the **policies** that support or inhibit partnership efforts, and the availability of **resources** to enable these efforts to continue. Case examples illustrate how these variables have affected the growth and development of a number of community-based interagency initiatives. They are presented to help similar local ventures take full advantage of those factors in their own environments that operate in their favor, recognize and take steps to minimize the obstacles that may occur, and move as quickly as possible toward collaborative solutions for comprehensive service delivery. Overviews of the initiatives used in the case examples are found in Appendix A.

CLIMATE: THE ENVIRONMENT FOR CHANGE

The social and political climate in a neighborhood or community is the first factor likely to influence an interagency initiative.

The external environment in which interagency initiatives exist can range from nonsupportive to highly favorable. The most supportive climate is one in which the solution to a problem with multiple causes and consequences—for example, teen pregnancy, school failure, or unemployment—is a top priority of the community, key decision makers, and service providers, and where previously established working relationships exist among potential partners.

A less than favorable climate—one in which a problem is not clearly recognized or in which potential participants are preoccupied with other concerns or have already developed negative relationships—need not preclude partnership efforts. Instead, a challenging climate can often provide valuable planning time. Agencies with foresight can take advantage of this period to assess their own in-house needs and performance and establish lines of communication with possible partners. In times of change and crisis, "institutional patterns tend to be less rigid, and people are more willing to consider fresh possibilities."[30] When conditions improve, the groundwork that partners have laid can enable them to act quickly.

In some cases, partners with specific organizational needs, or those who have never worked together before, may choose a cooperative strategy to meet in-house objectives rather than attempting to tackle broad-based, joint concerns. When human needs, public sentiment, legislative priorities, and institutional readiness converge, however, conditions are ripe for collaboration. Collaboration requires a proportionately greater commitment of trust and resources among participants than does cooperation, but it can also expedite greater change. In many communities, the window of opportunity is wide open. Where it is not, agencies can begin to improve the climate for change by evaluating their own need to improve services and by reaching out to their colleagues in other fields.

Grand Academy is an alternative school developed as a collaborative venture between the Grand Street Settlement (GSS), a multi-purpose community agency located in New York City's Lower East Side, and Community School District One. Its experience illustrates how a shared history, agency foresight, and the priorities of key policy makers culminated in innovative service delivery.

By 1981, the Director of GSS, the principal of Intermediate School #22, and the Superintendent of Community School District One had established close working relationships in several cooperative after-school programs. When a system of promotional "gates" tests was introduced citywide, all three individuals were concerned about what would happen to young people who were unable to pass through these gates, and how they would get the help they needed to avoid repeated failure.

They proposed a solution that would take these students out of the traditional school setting which had for them become "contaminated by failure." The vision of Grand Academy was to give students a "fresh start" in a highly supportive environment where they could learn more easily. The School District would provide the teachers and materials; GSS would provide space, intensive counseling and support services. Together, they would create a nurturing setting in which young people would be met with encouragement and hope.

The District One School Board enthusiastically embraced the Grand Academy plan. With its endorsement, the planners presented a proposal for funding to the Central Board of Education. The issue had not yet become a priority for city funders, however, and the proposal was shelved.

By the next year, circumstances had changed. Realizing that the number of students failing the gates exams could grow dangerously high unless something better was done to help them, the Board began to cast about for solutions and soon recalled the Grand Academy design. In 1982, the program was funded and became the Board of Education's first contractual arrangement with a community-based agency to deliver services.[31]

PROCESS: THE HEART OF PARTNERSHIP

The second critical variable in creating and sustaining interagency efforts is the communication and problem-solving process participants use to establish goals and objectives, agree on roles, make decisions, and resolve conflicts.

The process establishes the working relationships and defines the operational rules necessary to guide the partnership initiative. Its effectiveness will influence the joint effort's ability to deflect turf and control issues, reconcile differences in institutional mandates and professional perspectives, and make critical mid-course corrections in strategy and implementation. While the external environment plays a substantial role in influencing the timing of an interagency partnership and its initial choice of a cooperative or collaborative strategy, this internal process dimension affects an initiative's continuing success and the likelihood that cooperative arrangements will evolve into collaboration.

In a cooperative arrangement, the process of communication and problem-solving must be sufficient to enable partners to accept each others' respective goals for the partnership and to resolve difficulties as they arise. A much more thoroughgoing process is necessary for partners to reach agreement on a common goal—the hallmark of collaboration—and to work through the accommodations and institutional changes that achieving shared goals entail.

Establishing A Shared Vision

Collaborative efforts to go beyond coordination require a basic conceptual shift in ways of thinking about service delivery to

". . . agencies can begin to improve the climate for change by evaluating their own need to improve services and by reaching out to their colleagues in other fields."

children and families. In order to avoid becoming "embroiled in value-related controversy,"[32] the partnership process must be based on a unified view of the elements of high quality service delivery and the kind of outcomes participants wish to achieve.

According to a Public/Private Ventures' analysis of the first year of the National Alliance of Business' Compact Project, an effective "shared vision" has two parts. The first is a *broad vision* that expresses the need for "systemized, substantial, and significant change." When simply stated and often repeated, this broad vision can help an interagency initiative "sustain itself against the forces that lead to small projects and marginal change." The second is a *practical vision* that outlines the major goals and objectives the initiative must accomplish if its broad vision is to have meaning.[33]

". . .we may all have to swallow differences and set aside old notions of where our personal and professional responsibilities begin and end. Questions of values must be sorted out and long-held prejudices may have to be confronted."
National Health Education Consortium[34]

A simply stated broad vision can unify, mobilize, and keep a partnership effort on course. But it is essential to "link vision with reality. The need for a grand vision must be balanced with a brutally realistic understanding of what is possible given the constraints of the situation."[35] A practical vision requires that members move beyond generalities, come to terms with the assumptions underlying their vision, and consider the accommodations that may ultimately be required. Members must participate in a self-conscious process that asks not only what has brought them together, but where they hope to go, and, most important, what they have to lose. Calling for a comprehensive system of child-centered and family-oriented services, for example, sounds good, but its creation will require changes and trade-offs in how, where, and by whom resources are distributed. It also will raise difficult issues of quantity vs. quality in service delivery, and equality vs. equity in determining who should receive limited resources. If these issues are anticipated and resolved early on, conflicts at the implementation stage will be minimized.

- Beginning initiatives are often impatient to make immediate headway, but building a strong foundation takes time and considerable patience. As the experience of the **Harford County Maryland's Tomorrow (MT)** program attests, the best approach may be to make haste slowly.

In 1988, the Susquehanna Regional Private Industry Council (PIC), a private corporation with a strong track record and prior experience in running school-based dropout prevention programs, learned of the availability of state funds for local partnerships to develop school-based services for at-risk youth. The PIC's first action was to bring together representatives from business and industry, community organizations, the public schools, and social service and community agencies to decide if they wished to participate.

Rather than looking for quick agreement, the PIC urged the group to be candid in expressing their reservations about what their efforts might accomplish. All parties saw MT as an opportunity to help the growing number of students "on the precipice," children who could go either way, and who had not yet fallen through the cracks. But the school participants had serious concerns about increased teacher work-load, and fear of yet another short-lived, add-on program that would only serve to "jerk around" their students. They also had questions about how the program would mesh with their clear idea of what this target group needed.

Approaching these issues from their partner's perspective, the PIC assured the school representatives that planning would not proceed if the school district had any serious doubts or felt pressured in any way to participate. With communication wide open, the group was able to resolve key program design and staff issues during several additional meetings.

Later, school district officials met with principals from schools identified as having the highest dropout rates to decide which schools would participate. As before, reservations and requirements were stated up front.

Representatives from the School District, the Juvenile Services Department, Alcohol and Drug Impact projects, the community college, the Department of Employment and Economic Development, and PIC representatives formed a formal planning committee only when common ground was firmly under foot.

The High Costs of a Weak Foundation

Unless joint efforts are launched on a solid foundation, partners will find it difficult to cooperate and impossible to collaborate. For example, when one school district in a major urban area requested that a community agency propose a plan for school-based dropout and truancy prevention services, an exceptionally tight timeline made it impossible to notify or plan jointly with the principal and staff of the school where services would be introduced. The school had no say in whether or not they wished to participate, and partners had no opportunity to explore assumptions and expectations or to work out problems in advance. Not only were partners unable to establish common goals, they were entirely unaware of each other's institutional needs and objectives.

From the perspective of the community-based organization (CBO), the partnership's goals were not only to prevent truancy and dropping out, but also to create a reentry point for young people who had already quit school. Accordingly, CBO staff introduced activities and incentives designed to bring long-term absentees back into the school.

The principal and staff, however, saw the return of these young people as a negative influence on students who were doing their best to conform to attendance guidelines. From the school's point of view, young people offered special enticements to lure them back to school were, in effect, being rewarded for disobeying school policies.

With no established communication and problem-solving process to resolve these differences, dissension threatened to destroy the program. A prior relationship between the CBO's executive director and the principal kept the partnership alive, but lingering resentment limited its effectiveness. In one case, for example, the school persistently failed to make attendance information on students available to CBO counselors early enough in the day so that they could make home visits to absent students. As a result, staff began to collect the same information from individual classroom teachers on their own, a clear duplication of effort. The program persisted but the CBO and the school often operated at odds.[36] Whether initiatives are primarily cooperative or collaborative in nature, communication is the bedrock strategy vital to their success.

Moving From Cooperation to Collaboration

Over time, a strong communication and problem-solving process can help cooperative ventures develop an increasingly collaborative character. It is often easier for partners to develop common goals after they have experienced success in more limited efforts. Provided partners are motivated to create better outcomes for children and families, long-term working relationships can help partners recognize shared goals and encourage them to develop closer institutional linkages.

Based on its own history of implementing school-based services, the Grand Street Settlement has developed a set of guidelines[37] to promote communication and ensure that joint ventures are partnerships in more than name only. Although the following recommendations were originally written from the perspective of a community agency entering the school, with a slight twist of the lens, this restatement of Grand Street Settlement's list offers valuable guidance to agencies hosting outside agencies in service-level arrangements and to participants engaged in system level initiatives as well:

- Learn how your partners operate: who is in charge, officially and unofficially? What are their needs, pressures, and perceived roles?
- Engage staff who will deliver services in joint planning from the earliest possible moment; keep all other staff well-informed.

". . . the partnership process must be based on a unified view of the elements of high quality service delivery and the kind of outcomes participants wish to achieve."

- Create an effective working climate; establish rapport with key players; respect the procedures and conventions of the other participants.
- Ensure periodic communication at the highest administrative level among partners. Positive relationships at this level set the tone for effective relationships all the way down the line.
- Establish both formal and informal communication structures; use personal meetings as well as written correspondence.
- Present objectives from your partner's point of view; look for areas of agreement and be open to compromise.
- Earn credibility by efficiently meeting objectives and otherwise following through on promises.

"Solutions are most likely to result . . . when all partners ultimately focus on what there is to be gained, rather than on how much power and control might be lost."

These guidelines urge that agencies co-locating services make every effort to respect the power and control issues that can arise. A key objective in any joint initiative should be to develop a process in which *all* partners recognize the advantages to be gained and work together to make necessary accommodations. It is incumbent on the "guest" agency to actively foster good relations and to find ways to resolve problems quickly. Solutions are most likely to result, however, when all partners ultimately focus on what there is to be gained, rather than on how much power and control might be lost.

♣ In spite of a rocky start, the **Ahora Program,** a dropout prevention and enrichment venture between Concilio Hispano, a Latino community-based organization, and the Cambridge, Massachusetts schools, managed to follow the bulk of this advice.

After its first year of external funding dried up, the Ahora program, located at Cambridge Rindge and Latin School, dwindled down to a single staff member relegated to the already cramped office of two regular faculty. Dissension among disparate groups in the community was causing friction inside the school as well—tension that the presence of the Ahora program seemed to intensify. Communication was poor, limited more to snatches of overheard and often misunderstood conversations than to open discussions of how Ahora could help the school.

Instead of pulling out, the Ahora staff member took action in this unstable period to secure additional funding. With another part-time staffer on board, they began to strengthen the program by establishing volunteer arrangements with area colleges. Their efforts brought them allies—among them a supportive assistant principal. Together, they began to mend fences in countless formal and informal meetings with teachers and members of the administration, sharing what they hoped to accomplish, and asking staff what Ahora could do to help them.

The program trained interns from the Harvard Graduate School of Education and dozens of work-study students and volunteers from Harvard, Brandeis, Boston College, and Massachusetts Institute of Technology to help them work effectively with Latino students. Eventually, a rejuvenated program was offering academic and personal counseling, tutoring activities, higher education counseling, recreation, and cultural enrichment to approximately 250 students yearly. In tangible ways, the program was supporting students and helping teachers accomplish their classroom objectives. As the program evolved and the student population became majority minority, mainstream teachers saw Ahora's non-traditional, culturally sensitive approach accomplishing what so many of them felt helpless to do—attracting and *involving* minority students in academic success.

Recognizing Ahora's growing identity as an integral part of the school community, the school has upgraded and expanded the space available to the program, relocating it into large, centrally-located quarters. The administration has also requested that Ahora invite regular teachers to participate in its cultural diversity training program.

In its fifth year at Cambridge High, the Ahora program was entered on the school's supplementary budget for the following year and plans were initiated to introduce the Ahora approach throughout the district's elementary and middle schools.

PEOPLE: THE HUMAN DIMENSION

The people who lead, participate in, and eventually implement the activities of interagency initiatives constitute the third variable affecting the growth and development of joint efforts. Their vision, commitment, and competence are central to a successful partnership.

Leadership

Whether joint ventures sink or swim "depends on the urgency of the problems and the willingness of somebody to take the leadership."[38] Considering the view that simply developing relationships in a joint effort "is about as easy as dancing with an octopus,"[39] exercising leadership is likely to be an especially tricky proposition. A laundry list of what leaders do suggests their pivotal importance. According to one list,[40] leaders:

- envision goals;
- affirm values;
- motivate;
- manage;
- achieve unity among groups;
- serve as symbols;
- represent the group;
- guide constituents toward renewal.

The quality of leadership greatly influences the process of agreeing on a common goal and negotiating a practical vision. Effective leaders press each side to understand their partners' point of view and the way they perceive the issues and problems at hand. Leaders generate alternative solutions and pursue, from the many interests identified, those that constitute common ground. A leader's ability to keep participants focused on goals prevents individual interests from derailing the initiative during the difficult process of determining how shared goals will be met and encourages partners to contribute to the full extent of their abilities. A leader focuses not only on the internal process of the group, but represents its goals and interests to the community at large and cultivates potential allies.

When a single individual from one agency has spearheaded the creation of a joint effort, he or she will often continue in a leadership role after the group has formed. This person is likely to have a strong commitment to the initiative's success and a clear vision of what it can accomplish. It is often possible to balance the views and interests of one's own institution while working to guide the group, but leaders who attempt to do so must be especially sensitive to the perceived conflicts of interest, real or imagined, that can occur. Frequently, those who are able to avoid such conflicts have broad-gauge, general backgrounds or cross-disciplinary training and experience that help them interpret and communicate issues from various points of view and pose solutions such that multiple interests are served.

In many cases, an established member of the corporate or private philanthropic community may be a preferable leadership choice. Neutral leaders independent of the internal complexities and demands of participating agencies can help ensure that "the ultimate purposes of collaboration—more effective services and better outcomes for larger numbers of individuals—remain the guide and measure of success"[41] rather than the advancement of any single institution's agenda. In addition, their connections outside the human service and education communities can expand the resources potentially available to the partnership and increase the interest of the press and potential funders in its activities.

Continued reliance on a single voice, however, will ultimately stanch the flow of new ideas, under-utilize the pool of available talent, and undermine the growth of interdependence central to successful joint efforts. Even early on, when the values-oriented vision of a single individual may be essential, it is best when this leader teams up with a more pragmatic co-leader who can help members see the outcomes of long-term visions in actual costs and benefits.

"Effective leaders press each side to understand their partners' point of view . . . generate alternative solutions and pursue . . . those that constitute common ground."

Robert Greenleaf's concept of "servant leadership"[42] argues that nurturing leadership in others is as essential to prudent exercise of leadership as leading itself. Particularly in system level initiatives, creating linkages among dozens of education and human service agencies requires not just one leader, but many, each working in concert with other partners. An indicator of a partnership's effectiveness is the creation of "new champions or believers" whose additional actions on behalf of shared goals build strength in the community.[43] Offering expanding opportunities for participants to exercise leadership, and to periodically taste its rewards, should be an ongoing objective in any partnership effort.

". . . creating linkages among dozens of education and human service agencies requires not just one leader, but many, each working in concert with other partners."

Carefully designed organizational structures, especially in large coalitions, can ensure that all partners have a leadership role to play in achieving common goals. Shared leadership is fostered when participants have clearly assigned opportunities to plan and implement action and are held responsible for the successful completion of their activities. At the same time, a dynamic structure enhances the quality of the partnership's communication and problem-solving process.

- According to the **Floyd County Youth Services Coalition,** participants set adrift in an undifferentiated structure with few feedback and accountability mechanisms end up duplicating efforts and enhancing egos at the expense of the collaboration's genuine goals. In order to keep its 50+ members working in concert, the Coalition devised an organizational structure that mirrored the three themes of the group's mission statement—networking, advocacy, and planning.

  Three permanent standing committees were established to correspond to each theme; action committees emanating from each theme focus on specific objectives. A steering committee comprised of representatives from each standing and action committee makes certain that individual initiatives do not work at cross purposes. Rather than exerting top-down control, this structure promotes horizontal leadership and the flow of communication. Well-developed feedback mechanisms encourage participants to meet their obligations to the group, and provide a source of assistance when they experience problems or identify other needs. The result is greater coherence among the coalition's planning, advocacy, and networking efforts, and greater progress on behalf of children and families.

Participation

The power and position of the participants determine whether the partnership will have the necessary authority to alter the delivery of services or to negotiate system-wide policy changes. As the process of establishing a shared vision evolves, joint efforts must simultaneously anticipate the kind of resources, expertise, and political influence necessary to meet their objectives, and take steps to involve key players. Participants should include not only those whose political and institutional connections can open doors, but those who live and work in the community and represent the children and families the initiative is designed to serve.

- The absence of major players will affect the shape and effectiveness of the initiative's final plan. In Savannah, Georgia, for example, the county school system was asked early on to help develop a planning document that would be used to compete for **New Futures** funding and guide the initiative's subsequent action. For reasons that remain unclear, the school superintendent at the time participated only minimally until the end of the process. Certainly, the climate in which they were asked to participate was less than favorable as the system was at the time preoccupied with a $179 million desegregation-related bond referendum. Whatever the cause, the superintendent's late involvement may well have lessened the scope of the in-school interventions the initiative adopted in its final plan.[44]

When important players are hesitant to join a partnership effort, an effective leader can often help by expressing the reasons for partnership in terms that speak to the "bread and butter" needs of potential participants.[15] Potential participants have to see that the benefits of partnership outweigh the advantages of continued independence.

Once partnership efforts begin to gain momentum, however, little persuasion is necessary. As the experience of one large and active system level coalition suggests, even longtime holdouts are likely to join a partnership if they suspect that continued isolation will keep them out of an increasingly important information and decision-making loop.

High-level sponsorship and the visibility attached to such ventures can also attract broad-based participation. Many state initiatives and those with strong gubernatorial or mayoral support provide resources and/or other incentives that would make it unreasonable for agencies *not* to participate. Initiatives of this sort can also mandate participation, but they do so at some risk. Members who are required to participate may not feel the same commitment to the partnership as those who join voluntarily.

- When the **Connecticut Family Resource Centers** initiative to provide comprehensive school-based family support and education services began, the decision was made to pilot the program in specific rural, urban, and suburban locations. As a result, sites were selected more on political grounds than on the basis of where the climate was most conducive to change. Because local participation was mandated by the state without consulting schools or service providers, working relationships among providers were strained in some cases; in others, sites chosen without determining whether they had the requisite facilities, leadership, or commitment, were slow to develop.

  Connecticut's early experience taught state leaders a valuable lesson: the comprehensive linkages they envisioned required the support and commitment of a wide assortment of key decision makers at the local level. Now, the program's state technical assistance guidelines encourage localities interested in setting up an FRC to develop broad-based planning committees including, for example, the chairperson of the Board of Education, the director of the United Way, the Department of Social Services, the Superintendent of Schools, teachers' union representatives, child development specialists and others. They also acknowledge the critical importance of community members in the governance of Family Resource Centers and recommend that at least 51 percent of the participants in local advisory groups be parents who use the centers.

Once broad-based participation has been achieved, leaders must ensure that participants are fully involved in the partnership process. Those who feel they have no important role to play quickly lose interest. At the same time, careful stewardship of valuable human resources is essential. Frequent communication is necessary, but unreasonable demands should not be made on people's time; every meeting should have a purpose and should be called only when a letter or phone call will not suffice.

". . . joint efforts must . . . anticipate the . . . resources, expertise, and political influence necessary to meet their objectives, and take steps to involve key players."

Implementation: The Critical Role of Staff

The successful implementation of interagency initiatives has a third face—the staff who must translate shared visions into quality service delivery. It is unrealistic to assume that all personnel will automatically and effectively implement the goals that the interagency effort hopes to promote. Virtually any new service delivery arrangement, from simple referral agreements to the creation of interagency case management teams, will add to staff members' responsibilities and may be perceived by some staff as unnecessary or even contrary to what they believe their roles and responsibilities should be.

Innovations can also make demands on workers that their professional training, and existing skills and abilities have not prepared

them to meet. A diminished sense of justice and fair play enters the equation when staff from separate agencies working in joint ventures are paid according to very different wage scales. When even some staff feel overworked, ill-equipped to meet their responsibilities, or undervalued, their disenchantment can have a negative effect on everyone else, including their clients.

Selecting and Supporting Staff

Clear selection criteria greatly improve a partnership's chance of selecting staff well-suited to meet program goals. These are most likely to grow out of a partnership's clear sense of purpose and specific objectives.

". . . staff . . . must translate shared visions into quality service delivery [but] innovations can . . . make demands on workers that their professional training, and existing skills and abilities have not prepared them to meet."

- Because the participants in the **Harford County Maryland's Tomorrow (MT) initiative** knew exactly what kind of a program they wished to create, they had a good idea of the kind of person necessary to do the job. Rather than creating a set of services that would be available to students on an as-needed basis, with a design which would pull them out of their regular classes, the Harford program decided to devise a credit-bearing curriculum taught by a single full-time teacher. MT courses were to be fully integrated into targeted students' high school studies rather than kept separate from the academic curriculum; the teacher would function as mentor, advocate, and liaison between home and school.

  In order to meet these objectives, school representatives insisted that MT teachers meet two qualifications. First, because the program intended to establish a child-centered focus, and envisioned the teacher as a mentor, individuals were sought who were creative, non-traditional enough to put the needs of children before personal or institutional needs, and willing to take the risks that this might entail. Second, in order to serve effectively as an advocate for the student within the school, and as a liaison between the school and the parents, it was recommended that MT teachers be drawn from existing staff already familiar with school regulations, the faculty, administration, and student body. According to some participants, adhering to these explicit selection criteria was "the smartest thing we ever did."

  The planning team also acknowledged the importance of adequate support to the teachers. The program established a half-day teaching/half-day home visiting format and provided mileage reimbursement so that teachers would have the time to establish working relationships with students' families. Potential recruits were guaranteed that they would not lose tenure and that their former position would be kept, although not necessarily at the same school where it was originally held.

  In addition, the initiative took pains to support other staff affected by the program whose acceptance and cooperation would be essential to its success. The design of the Harford initiative and the rationale behind the half-day teaching format were fully explained before the program began in order to dispel any resentment over the difference in teaching load. MT teachers continue to send out bi-weekly progress reports to their colleagues and communicate with them frequently to find out how MT services can help shared students master their work in other classes.

Training

An investment in training pays rich dividends in more effective service delivery. Decisions governing the content and design of pre-service and in-service training, and plans for on-going supervision are vital issues that warrant a partnership's careful consideration and periodic review.

Most staff have been educated in a system that promotes competition, rather than the principles of sharing and consensus building that collaboration requires.[46] Ongoing training can help partnerships anticipate and over-

come the practical challenges that arise as staff learn new ways of working with families and with each other.

According to a set of research-based guidelines developed by David Williams and Nancy Chavkin of the Southwest Educational Development Laboratory, in-service training to help staff accept new roles and extra responsibilities should focus, first, on changing attitudes and developing motivation, and second, on building specific skills.[47] After staff have had an opportunity to air feelings and concerns about new expectations and proposed changes, they are more likely to benefit from the training in cross-agency policies and practices necessary to provide the best service to shared clients.

Staff participants in case management teams, in particular, must be knowledgeable about community resources, trained in clinical and service delivery techniques, case documentation and record-keeping methods, and introduced to concepts of positive youth development and family support.[48] Because case managers have the potential to exercise broad discretion in the lives of children and families, interagency initiatives must also set standards for case management that reach beyond the basic admonition: "First, do no harm." On-going training should expand workers' sensitivity to cultural issues and ensure their meticulous protection of clients' rights.[49]

Even highly able, committed staff need the periodic revitalization and time for reflection that training can offer. Hard charging staff members who refuse to stop and to divert at least some program resources to staff development risk burnout. They also flirt with a subtle form of "clientism"—a distorted perception of their own strength and the weakness of those they serve.[50]

Coping with Differential Salaries

When two or more agencies come together in a collaborative effort, they frequently bring with them differing staff pay scales. Sometimes these disparities are great enough that care must be taken to minimize the potential for staff resentment. Voluntary participation is usually important. Since job satisfaction results not only from financial rewards but from less tangible benefits as well, the opportunity to work in a setting that provides, for example, greater autonomy, less bureaucracy, and more freedom to innovate may help to compensate for salary differences, especially if potential staff agree—in advance—to the trade-offs they are making.

- In **Connecticut's Family Resource Centers,** for example, child care staff, often as well-qualified as elementary and secondary staff, work an additional 90 days per year and typically make about one-third less in salary than their colleagues at the elementary and secondary levels. Program coordinators don't try to hide this imbalance. Instead they try to ward off resentment and keep cooperation high by emphasizing the rewards of taking part in an exciting and important new initiative and the opportunity it offers to build experience and a strong resume.

"Decisions governing the content and design of pre-service and in-service training, and plans for on-going supervision are vital issues that warrant a partnership's careful consideration and periodic review."

POLICIES: OVERCOMING TECHNICAL DIFFICULTIES

A fourth variable affecting interagency partnerships is the set of governing policies which each agency brings to the table.

These rules and regulations include the federal, state and local level policies, guidelines, and definitions that establish their institutional mandates; target population and eligibility requirements; budgets and programmatic reporting cycles; methods of supervision and evaluation; salary and career development structures; and operational "language," among others. Combined, these elements comprise each institution's unique identity. The natural tendency of participants to maintain their distinctive organizational characteristics gives rise to the "turf issues," which, in greater or lesser degree, many joint efforts experience.

When the laws, regulations, and standard operating procedures of participating agencies are perceived as generally compatible with each other and the goals of the collaboration, turf-related conflict is minimal. Fre-

quently, however, substantial differences exist, and adjustments and accommodations are necessary to improve their "fit."

School policies, for example, that automatically fail students who are absent a specified number of days, must be modified to bring them in line with partnership goals focused on finding ways to keep young people *in* school. Eligibility guidelines that exclude pregnant women from participation in certain drug treatment programs may need to be broadened to provide services to a partnership's entire target group.

"The natural tendency . . . to maintain . . . distinctive organizational characteristics gives rise to the 'turf issues,' which . . . many joint efforts experience."

Partners committed to shared goals can often overcome the barriers that policy differences create. Part of the process of negotiating a practical vision needs to be identifying what policy differences exist and whether they result from differences in terminology and in-house rules that can be changed or from statutory mandates. The latter are binding requirements that may not be violated, such as those defining who may receive services, or others limiting the geographic areas in which services may be provided. Some barriers may be addressable without changing the law; when this is not possible and the law serves no useful purpose, legal change needs to be advocated. In other cases, clear policy reasons for differences in eligibility and jurisdiction may be appropriate and should be left as is.

From Doubletalk to Plain Talk

The most easily resolved differences are those that arise from the inability of participants from different institutional settings and backgrounds to speak the same "language." Said a member of one joint effort, "Our biggest problem was creating a common language, a kind of Esperanto that we would all agree to use."[51] The welter of specialized terms, phrases, and acronyms—PINS, CHINS, IEP, SED, and many others whose meanings colleagues from the same agency or service area take for granted—can sound like Greek to their partners from other sectors.

A strong communication and problem-solving process and persistent efforts to avoid jargon and shorthand, clarify terms, and establish mutually acceptable definitions can help partners learn to understand each other. A simple principle—using general, cross-cutting words like "children" instead of "client" or "student"—emphasizes what participants have in common rather than what separates them.[52]

Statutory Policy Differences

Technical difficulties that originate in statutory definitions are not as easily resolved, but a shared vision can often help partners resolve the obstacles presented by binding policy differences.

- In **Ventura County**, for example, when the schools and the mental health department joined forces to provide better services to children considered severely and emotionally disturbed (SED), they soon realized that they were using this key descriptor in very different ways. For mental health agencies, the term SED was used in a solely diagnostic sense. For educators, its meaning originated in P.L. 94-142 (Education for All Handicapped Children Act) and indicated eligibility for certain services only to SED students who were also failing in school. As a result, not every child considered SED by the mental health department would be so defined by the school district, a difference with clear implications when the definition was used as a criterion for services eligibility.

  After lengthy consideration, the Ventura partners agreed to base eligibility for services on the student's *needs* as identified in his or her Individual Education Plan (IEP), instead of on the child's special education *label*. Since P.L. 94-142 requires that all services specified on a special education student's IEP must be provided, any child determined to need mental health services could receive them regardless of whether they were defined as SED, blind, hearing-impaired, or any one of many other categories of eligibility for special education services. In this way, statutory

definitions were preserved, *and* services were brought to all the children who needed them.

Privileged Information

Confidentiality requirements—protocols to protect a client's privacy—are a common source of technical difficulties. An inherent tension exists in collaborative arrangements where partners must reconcile the need to share information with the privacy rights of these same families and children. Multi-disciplinary case management teams need to address this issue. Initiatives in which health care workers are co-located in a school setting face a similar responsibility.

Arrangements that guarantee confidentiality while allowing multiple agencies to work together on behalf of the same client are possible, but they require sensitivity, patience, and, often, legal assistance to create.[53] The parameters of what constitutes privileged information must be carefully explored so that team members understand what information can and cannot be shared. In addition, the manner in which it is exchanged must accord with both the intent and the letter of the law.

Apart from the critical constitutional rights at stake, protection of privileged information is essential to effective service delivery. Unless adolescents, particularly those engaged in or with questions related to high-risk or illegal behavior, feel that their confidences will be protected, they will be unlikely to seek help and information from staff and to benefit from available services.[54]

- ♣ As a result of their experience, the **Fulton County (KY) KIDS initiative** advises interagency groups to avoid grappling with the confidentiality issue until partners have established an effective communication and problem-solving process. During the first phase of any initiative, partners should focus on "common ground" issues: identifying needs and resources and developing "common sense" coordination strategies to share resources, facilities and staff. When participants discuss information sharing, confidentiality concerns will naturally emerge.

  When the issue arose in Fulton County, participants systematically reviewed each agency's regulations regarding confidentiality and disclosure. They took enough time to air points of disagreement as well as to discover areas of commonality. Convinced that the intent of such regulations was to protect against the misuse of information rather than to hinder the cooperative efforts of agencies to provide better services, the group sought legal advice to find a way to meet both objectives.

  With state guidance, the partnership developed a formal release limiting the terms and conditions on which the collaborating agencies could exchange specific kinds of information. This form was signed by the client, kept on file, and periodically updated. In addition, each member of the case management team signed a confidentiality statement. This arrangement only allowed team members to share specified information verbally. When the team felt it necessary to review a client's previous written records, members agreed to follow each agency's preexisting rules governing disclosure.

"Arrangements that guarantee confidentiality while allowing multiple agencies to work together on behalf of the same client are possible, but they require sensitivity, patience, and, often, legal assistance to create."

RESOURCES: MAKING CHANGE PERMANENT

The availability of resources will determine 1) whether or not the changes in services and service delivery that the joint effort has established will become permanently institutionalized, and 2) the size of the population that will eventually benefit from these changes.

Cooperative arrangements to coordinate existing services are often financed on a contractual basis by earmarked funding or implemented through sharing of space and information. In collaborative ventures to create new services, resources of all kinds must be pooled and reconfigured to achieve the

hoped for results. From the beginning, collaboratives need to share staff time and expertise, in-kind services, and especially funds. The commitment of resources is the acid test of any joint effort's determination to make a difference and a prime factor in determining whether partnership goals are likely to be institutionalized, replicated, and expanded.

Reconfiguring the Use of Available Resources

". . . collaboratives need to share staff time and expertise, in-kind services, and especially funds. The commitment of resources is the acid test of any joint effort's determination to make a difference . . ."

In some cases, the way in which schools and human service agencies use existing resources, or the manner in which essential new resources are deployed, can be changed to create more comprehensive services.

The decision of the Cambridge Rindge and Latin School to assume partial support for the Ahora program by entering it into the school's supplemental budget is a clear example of how partners can begin to institutionalize new services by jointly contributing financial resources. The willingness of partners to redefine job descriptions and envisage new ways for staff to work together to achieve shared goals is equally important.

- In Los Angeles, for example, two regions participating in **Focus on Youth,** a partnership between the Los Angeles Education Partnership and the LA Unified School District, have revised job descriptions for school principals to guarantee continuing progress toward program goals. Principals are now required to implement mechanisms to coordinate social services to children as part of their formal responsibilities. This action has institutionalized the commitment of these schools to comprehensive service delivery and created a permanent leadership resource. Whether or not the Focus on Youth initiative continues in its present form, the goal of supporting children's learning through the delivery of a wide range of prevention, treatment, and support services will continue as an integral part of the school's mission.
- At least one school in Harford County, Maryland, impressed by the success of schools participating in the **Maryland's Tomorrow** (MT) initiative, has reconfigured its internal resources to begin its own grassroots replication. By reallocating each period's discretionary teacher to an MT-like classroom for special tutoring, counseling, and employability training, a creative principal and five committed teachers have begun to find new ways of doing business. The school provides a telephone to ensure frequent parent contact and to coordinate student participation in summertime employment and training opportunities through the local Private Industry Council. This kind of initiative, in the absence of incentives, technical assistance, or any requirement to act, is a rare commodity. But it demonstrates the capacity of many schools to use available resources flexibly, to broaden the scope of their educational responsibilities to children and families, and to get the job done.
- In Rochester, New York, the City School District has voted to implement the community schools approach in the district's next three schools scheduled for construction. These schools will replicate the strategy in operation at the **Chester E. Dewey Community School 14.** One of the first schools chosen to receive funds from the New York State Board of Regents to create a "community school," the Dewey program aims to improve students' academic performance by establishing the school as the nucleus of educational, health, nutritional, recreational, and support services to the entire community, before and after school, and throughout the calendar year. In addition, the City Council is exploring the cost-effectiveness of housing a variety of public services—libraries, recreation programs and the like—in school buildings, creating a community school setting that would eventually

reduce the rental and maintenance costs required to support many different facilities.

The Need for Additional Resources

As valuable as these changes are to the children and families touched by them, the rate of such incremental growth is painfully slow. Interagency partnerships have the potential capacity to harness the large and permanent funding channels that support our major education and human service institutions. Even when linkages are created, substantial new funding will be necessary to bring services to sufficiently large numbers of children and families to make a real difference.

- The most promising coordinated service delivery strategies need financial "teeth"—the availability of adequate and permanent resources—to really put them in business. In Kentucky, for example, the KIDS initiative has only partially met its objectives because the program provided no new funds for implementation. Its **Fulton County KIDS** demonstration site, recipient of a 1990 award from the American Council on Rural Special Education, has developed an interagency case conference team and the infrastructure needed to provide service delivery to children and families on the school grounds—the central feature of the KIDS approach. However, with no additional funding to supplement already overburdened human services agency staff, services continue to be provided in traditional settings, in the home, or at the agencies themselves.

  All this is likely to change as the result of a recent legislative decision. The concept of school-based, child and family-centered service delivery advocated by the KIDS initiative was included and expanded in an educational restructuring plan passed by the General Assembly in 1990. Ten million dollars has been authorized to support the development of Family Resource Centers, similar to those underway in Connecticut, as well as Youth Service Centers to bring a range of age-appropriate comprehensive services to older children and their families. Located at or near all schools with a student population at least 20 percent low-income, these centers will soon become standard operating procedure throughout the Kentucky school system. (Still, these funds will only cover services at some of the schools which qualify.)

The continuity of funding is as important as the amount of money available. A predictable level of support allows participants to make long-term plans and consider priorities beyond day-to-day survival. Unless funding is legislatively authorized to extend beyond the convening leader's term of office, partnerships reliant on funding from gubernatorial or mayoral support to initiatives can suffer when administrations change.

- The **New Jersey School-Based Youth Services Program,** which brings comprehensive services to young people at school-based "one-stop shopping centers," is an example of a gubernatorial initiative that has survived a change in leadership—even party—and is moving along well. According to former Governor Thomas H. Kean, it is a "commitment intended to withstand the vagaries of public whim."[55] When the state authorized $6 million in unrestricted funds out of the Department of Human Resource's overall operating budget to create the SBYSP, it authorized the program not as a one-time allocation, but as a permanent part of the state budget. Since then, a new gubernatorial administration has not only kept the same level of funding, but has added another $500,000 to establish an elementary school demonstration site.

Defining Outcomes to Demonstrate Success

In order to convince funders and key decision-makers that interagency initiatives

". . . partners should negotiate and specify each partner's responsibilities and the terms under which they agree to meet them."

warrant expanded resources, collaborative efforts must result in direct benefits to children and families; express human benefits in terms of dollars saved and costs avoided; and design strategies to share evidence of this success with a wide audience. As much as any other issue, creating the political will to sustain and replicate their innovations is the central challenge facing local collaborative efforts.

In order to make a real difference to children and families, interagency initiatives—or any other method to design and deliver high quality, comprehensive services—must begin with a clear statement of the results they expect to achieve. Specifically stated objectives should anticipate the outcome services will have on people's lives—in higher school attendance rates, for example, or in fewer low birth-weight babies—rather than simply estimating the number of services the initiative hopes to provide or people it plans to reach.

"Accountability is a sure-fire way to counter the temptation to over-promise, an easy trap for an up-and-coming initiative trying to drum up interest and support."

The initiative as a whole, and the individual agencies within it, must each be held responsible for measuring, monitoring, and meeting these objectives within a reasonable period of time. Establishing clear targeting goals and objectives, and benchmarks to monitor progress on a continuous basis, can provide important feedback. It can also allow for mid-course corrections and help interagency initiatives determine if and how their efforts should be expanded, modified, or dropped.[56]

Although final accountability for the partnership's success or failure will be shared by all participants, efforts to achieve individual objectives should not be laissez-faire arrangements left to the good intentions of member agencies. Instead, partners should negotiate and specify each partner's responsibilities and the terms under which they agree to meet them. The process of developing a formal document enables participants to anticipate problems, find solutions, move toward specific goals and objectives, and minimize later misunderstandings. In order to facilitate progress rather than constrain it, however, these agreements should remain subject to change and renegotiation as need dictates.

- The interagency agreements developed in the **Kentucky KIDS** initiatives, for example, serve as formal statements of each group's broad and practical visions. Key elements of each agreement include: a statement of the purpose and scope of the agreement among participating agencies; definitions of key terms; a statement of both the separate and mutual duties of each party; the effective date of the agreement; conditions for its termination, and, finally, an implementation plan.

Accountability is a sure-fire way to counter the temptation to over-promise, an easy trap for an up-and-coming initiative trying to drum up interest and support. While a certain amount of "marketing" is necessary to engage the participation of key leaders, creating inflated expectations can easily backfire, especially on the children and families who have the most to lose.[57] Setting attainable short-term objectives, especially in the beginning, is necessary to create a sense of accomplishment and build momentum. At the same time, sufficiently ambitious long-term goals will help to capture the interest of funders and ensure that momentum is maintained. Impressive results will go far to attract the funding necessary to make change permanent.

- **Ventura County Children's Demonstration Project** set an ambitious goal: the creation of a community-based, culturally-sensitive mental health delivery system that would provide improved service to the most severely troubled population at reduced public cost. By establishing reasonable objectives and building in accountability for their attainment, the Project set the stage for success. At the end of their first four-year funding cycle, the targeted outcomes specified in the Project's authorizing legislation were not only met, they were far exceeded.

  In the special education subsystem, for example, the Project's target was a 10 percent reduction in out-of-county residential placements. They achieved a 21 percent decrease.

Hoped for individual gains in attendance and academic performance resulted in statistically significant increases for all children in school-based day treatment programs. Across all subsystems, the Project anticipated that at least 50 percent of the children at imminent risk of institutionalization would be enabled to stay with their families for at least six months; instead, 85 percent stayed at home substantially longer. Perhaps most critically important for the long-term support of the Ventura strategy: a careful cost accounting showed that 77 percent of all program costs were off-set by long-term, residential costs avoided. This figure far outstripped the 50 percent target they originally planned to meet.

These well-publicized accomplishments garnered considerable public and political support for the program. As a result, in 1988, the General Assembly passed new four-year legislation to use what is now referred to as the Ventura County Planning Model to create an interagency system of mental health services for adults. The state has also authorized funding to replicate the Ventura Model for Children in two additional counties.

". . . collaborative efforts must result in direct benefits to children and families; express human benefits in terms of dollars saved and costs avoided; and design strategies to share evidence of this success with a wide audience."

PART THREE: MAKING IT HAPPEN!

Our hope is that the variety of joint efforts described in this report will encourage child protective workers, intake and maintenance caseworkers, family support counselors, juvenile justice personnel, health care personnel, school administrators, teachers, counselors, mental health therapists, employment and training specialists, vocational educators, civic and religious leaders, members of the business community, policy makers, and others to consider the possibility of launching joint ventures in their own localities. All across America, families such as the Wagners need the help of caring people *and* a more responsive, integrated system of education, health, and human services. Collaborative efforts can mobilize the energy and resources within each of these separate sectors, and provide the high quality, comprehensive services children and families need to go as far as their talents and industry will take them. The essential elements of such services are summarized below; they cannot be forgotten in the process of collaboration, lest that process not yield the essential product: better outcomes and more successful futures for our nation's children and families.

SOME ESSENTIAL ELEMENTS OF COMPREHENSIVE SERVICE DELIVERY

- **Easy access to a wide array of prevention, treatment, and support services.**
- **Techniques to ensure that appropriate services are received and adjusted to meet the changing needs of children and families.**
- **A focus on the whole family.**
- **Agency efforts to empower families within an atmosphere of mutual respect.**
- **An emphasis on improved outcomes for children and families.**

In the final analysis, each interagency effort must find its own best way to proceed. No two interagency initiatives will progress in exactly the same way—a fact that those attempting to transplant successful models must take into account. Nevertheless, the experience of those who have gone before can be distilled, if not into a sure-fire recipe for success, then at the very least into a set of valuable guideposts that will keep new partners pointed in the right direction and help them to find their way around some predictable bumps in the road.[1] The Guidelines for New Partners on the following page are such a resource.

We conclude with a series of questions that agencies can use to assess their readiness for change and to mobilize action. Both the guidelines and questions have been printed on single pages so that they may be duplicated easily for use in workshops and roundtable conversations. The story of the Wagner family with which this document began is similarly formatted, and offers a useful discussion tool for people beginning to consider why they must collaborate.

In addition, a Feedback Form is contained at the end of this Part. It is designed to let you, the readers and users of this monograph, tell us your reactions to this document, how you have used it, how future publications might be improved, and what other assistance you may need in pursuit of your collaborative agenda. We hope that you will respond.

The members of the Education and Human Services Consortium want to work with you in the implementation of your collaborative efforts. The names of contact people from the participating organizations are listed in Appendix B. Bulk quantities of this report are available at cost for distribution at conferences and annual meetings. Single copies are available at $3.00 postpaid. Requests for speakers on the topic of collaboration and comprehensive delivery services may be made to individual member organizations.

Finally, a growing body of literature, focusing on key issues related to interagency initiatives and directed to both general and specific audiences, is available to assist local efforts. An extended bibliography listing many of these is included in Appendix C.

GUIDELINES FOR NEW PARTNERS

- **INVOLVE ALL KEY PLAYERS**

Commitment to change must be broad-based and include all key players. In both service delivery and system level efforts, participation that involves representatives from appropriate levels of all the sectors and services necessary to achieve the initiative's goals and objectives is essential. Participants should include not only those with the power to negotiate change, but also representatives of the children and families whose lives will be affected by the results.

- **CHOOSE A REALISTIC STRATEGY**

Partners need to choose an interagency strategy that accurately reflects the priorities of service providers, the public, and key policy makers, the availability of adequate resources, and local needs. In situations where potential partners are not yet ready to undertake the financial commitment and degree of change inherent in collaboration, a cooperative strategy to coordinate existing services is a realistic starting point. Down the road, the trust and sense of accomplishment built up in these initial efforts will make it easier for agencies to accept the greater risks and more ambitious goals of collaboration. By the same token, when conditions already bode well for change, partners who never move beyond cooperation toward collaboration waste resources and pass by an important window of opportunity.

- **ESTABLISH A SHARED VISION**

Cooperative ventures are based on a recognition of shared clients. Collaborative partnerships must create a shared vision of better outcomes for the children and families they both serve. It will be far easier to agree on common goals and objectives if participants work to understand the issues, priorities, and perspectives that partners bring to the table and demonstrate a willingness to incorporate as many of these as possible.

- **AGREE TO DISAGREE IN THE PROCESS**

Participants need to establish a communication process that gives them permission to disagree and uses conflict and its resolution as a constructive means of moving forward. Interagency initiatives that circumvent issues about how, where, why, and by whom services should be delivered and resources allocated, in an effort to avoid turf issues and other conflicts, are likely to result in innocuous objectives that do little to improve the status quo.

- **MAKE PROMISES YOU CAN KEEP**

Setting attainable objectives, especially in the beginning, is necessary to create momentum and a sense of accomplishment. At the same time, sufficiently ambitious long-term goals will ensure that momentum is maintained.

- **"KEEP YOUR EYE ON THE PRIZE"**

It is easy for collaborative initiatives to become so bogged down in the difficulty of day-by-day operations and disagreements that they lose sight of the forest for the trees. Particularly in system level efforts, a leader from outside the direct service community who is committed to the goals of the initiative and able to attract the attention of key players, policy makers, and potential funders can ensure that a sufficiently ambitious agenda is devised and stays on track.

- **BUILD OWNERSHIP AT ALL LEVELS**

The commitment to change must extend throughout the organizational structure of each participating agency. Include staff representatives in planning from the earliest possible moment and keep all staff members informed. In-service training should allow staff time to air feelings about proposed changes and identify the advantages changes are likely to bring. Cross-agency training is essential to provide staff with the specific information, technical skills, and abilities necessary to meet new expectations.

- **AVOID "RED HERRINGS"**

Partners should delay the resolution of the "technical difficulties" that impede the delivery of comprehensive services to shared clients until partners have: 1) had the opportunity to develop a shared vision and 2) assessed whether specific impediments result from policies and operating procedures that can be changed or from statutory regulations that must be maintained. The bulk of the differences that emerge usually result from misunderstandings or from policies that can be changed or otherwise accommodated. They should not be allowed to become "red herrings" that provide convenient excuses for partners who are not fully committed to working together.

- **INSTITUTIONALIZE CHANGE**

No matter how useful or well-designed, the net effect of interagency initiatives that are here today but gone tomorrow is minimal. If changes in programming, referral arrangements, co-location agreements, and other initiatives are to endure, both service delivery and system level efforts will need facilities, staff, and a continuing source of financial support. Participants must incorporate partnership objectives into their own institutional mandates and budgets and earmark the permanent flow of adequate resources to keep joint efforts up and running.

- **PUBLICIZE YOUR SUCCESS**

Interagency partnerships are a promising conduit for the large scale creation and delivery of comprehensive services to children and families, but, even when resources are reconfigured and used more wisely, current funding levels are insufficient to meet the level of need. Partnerships must demonstrate the ability to improve outcomes for children and families and express their success in future dollars saved and taxpayer costs avoided. Well-publicized results that consistently meet reasonable objectives will go far to attract the funding necessary to replicate and expand innovation.

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QUESTIONS FOR AGENCIES: ASSESSING THE NEED FOR INTERAGENCY PARTNERSHIPS

Agencies and communities can take the first steps toward improving outcomes for the children and families they serve by asking themselves tough questions. The following inventory is presented to stimulate reflection and to assist organizations to make the case for change. We trust that the conversations begun by these inquiries will lead to action on behalf of more comprehensive services for children and families.

I. How are we doing on our own?

1. Are the lives of the children, youth, and families we serve improving? If not, why not?
2. Have we reassessed our mission recently in light of the overlapping economic, education, health, employment and social services needs of our clients?
3. Are services to clients well-integrated within our own agency?
   a. Do staff working with the same clients communicate frequently?
   b. Do staff and clients work together to set personal and family goals?
   c. Does our agency measure the impact of its services on the lives of children and families or do we simply tabulate the number of services we provide?
   d. Do we offer preventive supports and services to help our clients avoid more serious problems?
   e. Are our services organized in response to client needs or are the kinds of services we offer constrained by the limitations of available funding and administrative rules?
4. How well are we connected with other agencies offering services which our clients need?
   a. Do our line workers have effective working relationships with their counterparts in other agencies?
   b. When our clients are referred elsewhere for services are we kept informed of their progress and changing needs?

II. Do we need to change?

1. How effective will we be in ten years if the needs of our client population continue to increase and we continue to do "business as usual"?
2. What resource limitations do we face in bringing more comprehensive services to our clients?
3. How might closer relationships with other agencies help us improve outcomes for the families we serve?

III. How ready are we to engage in interagency partnerships?

1. Do the agencies serving children and families in our neighborhood, our school community, our city, our county, have a common vision of what they are trying to accomplish?
2. What is the history of cooperation and collaboration in our neighborhood, community, city/county? What lessons can we learn from past experience (or lack of it?)
3. Do we have close working relationships with the directors of other agencies that deliver services to the same clients? What do we know about other agency's current needs and priorities that might encourage them to discuss common problems and potential solutions on behalf of our clients?
4. Who are the leaders from outside the direct service community who are interested in the well-being of the community and who might take a leadership role in a collaborative effort or assist with the expansion and improvement of ongoing activities?
5. What are we willing to pay in terms of tangible resources and loss of unilateral control to formulate common goals with other agencies and to better serve our shared clients?

FEEDBACK FORM

Please take a few minutes to think about your reactions to *What It Takes* and how you have used it. Your responses will assist the Education and Human Services Consortium to provide even better resources in the future. Please mail back this pre-addressed form.

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

_____

CITY _____ STATE _____ ZIP _____

1. How did you receive *What It Takes*?

2. Why did you take the time to read *What It Takes*?

3. Were you and your agency already involved in collaborative activity when you read this document? If yes, please describe.

4. What was most helpful to you about the monograph?

5. Do you think further resource material or technical assistance on collaboration or comprehensive service delivery would be useful to you and your colleagues? If yes, what topics/issues/problems related to collaboration and/or more comprehensive service delivery would you like to see addressed?

6. Have you used the publication to initiate or to support collaborative activities in your area? If yes, please describe.

7. Have you requested additional copies of *What It Takes*? If so, how many and how will they be used?

8. Other comments?

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NOTES

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[3]*The Common Good: Social Welfare and The American Future*. Policy Recommendations of the Executive Panel. New York, NY: Ford Foundation, 1989.

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[8]See: *The Forgotten Half: Pathways to Success for America's Youth and Young Families*. Washington, DC: The William T. Grant Foundation Commission on Work, Family and Citizenship, 1988.

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[23]See: Shirley M. Hord, "A Synthesis of Research on Organizational Collaboration," *Educational Leadership*, February 1990, pp. 22–26.

[24]See: Sharon L. Kagan, "The Care and Education of America's Young Children: At the Brink of a Paradigm Shift?" in *Caring for America's Children*. Frank Macchiarola & Alan Gartner, eds. New York, NY: Academy of Political Science, 1990.

[25]Tom Joe and Douglas Nelson, "New Futures for America's Children," in *Caring for America's Children*, p. 221.

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[27]The distinction between first and second generation approaches is made by Charles Bruner in *Thinking Collaboratively: Questions and Answers to Help Policy Makers Improve Services for Children*. Washington, DC: Education and Human Services Consortium, forthcoming.

[28]Public/Private Ventures, *The Practitioner's View*, p. 45.

[29]*Educating America: State Strategies for Achieving the National Education Goals*. Report of the Task Force on Education. Washington, DC: National Governors' Association, 1990, p. 21.

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[38]"Minneapolis: Youth Coordinating Board," in *Education USA*, 32, 19, January 8, 1990, p. 138.

[39]Margaret Dunkle and Maggie Nash, "Creating Effective Interagency Collaboration," *Education Week*, March 15, 1990, p. 44.

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[43]Ellen Galinsky, "A Summation of the A.L. Mailman Foundation Symposium: Designing Collaborations for the Benefit of Children and Families," New York, NY, June 15, 1990, p. 4.

[44]*New Futures: Plans for Assisting At-Risk Youth in Five Cities*, p. 295–296.

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[46]Sharon L. Kagan, "Collaboration in Early Care and Education: Its History and Current Context," presented at the A.L. Mailman Family Foundation Symposium, June 15, 1990, p. 8.

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[49]See: Olivia Golden and Mary Skinner with Ruth Baker, *Background Paper Prepared for the Foundation for Child Development Research Forum on Children and the Family Support Act*, rev., October 1989, p. 11.

[50]"Case Study 3," *School-Community Collaboration Study*, p. 10.

[51]Esther Rodriquez, Patrick McQu...d, Ruth Rosauer, *Community of Purpose: Promoting Collaboration Through State Action*. Excerpt. Denver, CO: Education Commission of the States, February 1988, p. 16.

[52]*Dunkle and Nash*, p. 45.

[53]A useful discussion of the difficulties posed by confidentiality and related technical issues—including more detailed strategies for overcoming these barriers—is currently in preparation by Joining Forces, the Center for Law and Social Policy, and the Education Commission of the States. It will be available in early 1991.

[54]William A. Morrill and Martin H. Gerry, "Integrating the Delivery of Services To School-Aged Children At Risk: Toward a Description of American Experience and Experimentation." Paper sponsored by the U.S. Department of Education, February 1990, p. 16.

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[57]Catherine Higgins, *At-Risk Youth Talk to Program Planners*. Philadelphia, PA: Public/Private Ventures, 1988.

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APPENDIX A

Program Descriptions and Contact Information

AHORA PROGRAM
CAMBRIDGE RINDGE AND LATIN SCHOOL
459 BROADWAY
CAMBRIDGE, MASSACUSETTS 02138
Stephanie Smith, Project Director
617-864-1068

The Ahora Program, a bilingual, multi-cultural youth enrichment program located at the Cambridge Rindge and Latin School (CRLS), is a partnership between the Concilio Hispano de Cambridge and the Cambridge, Massachusetts School District. Envisioned as "a bridge to the future," Ahora provides tutoring, mentorship, higher education and financial aid counseling, job counseling, leadership development, and recreational and cultural activities to approximately 250 Latino students each year. Seventy to 80 volunteers from several area colleges and universities receive cultural awareness training and contribute more than 150 hours each week to help meet program goals. In addition to services and activities open to the entire Latino community at CRLS, outreach and referrals help Ahora identify students with special needs. Activities are offered before and after school, and—as during a 1989 six Saturday cultural exchange with Boston College students—on weekends as well.

A large percentage of students, nearly 90 this year, choose to make a formal commitment to the program and negotiate contracts with staff that define their mutual responsibilities. Staff make frequent home visits and phone calls to build a bridge between families and the CRLS teachers and administration. Ahora's emphasis on peer leadership and advocacy has lead to a student-run tutoring program at a nearby elementary school and the student's active participation along with parents and staff at district budget committee and school board meetings to speak on behalf of Latino students' needs.

Although time and money have not been available to support data collection and program evaluation, the one-to-one assistance and close relationships forged with staff and volunteers do make a difference. In 1989, each of the dozen at-risk Latino young men who played on Ahora's basketball team increased their academic average, several by as much as 12 points. Eleven of the seniors receiving higher education counseling went on to college or technical school. In 1990, Ahora was selected for presentation as a model program at the Annual Conference of the National Council of La Raza.

CHESTER E. DEWEY COMMUNITY SCHOOL
PROJECT #14
200 UNIVERSITY AVENUE
ROCHESTER, NEW YORK 14605
Merrilyn Parks, Coordinator
716-325-6738

The New York State Board of Regents began to promote the idea of school-community partnerships as part of school reform and community revitalization in 1983. In 1987 the state legislature appropriated funds for four pilot Community Schools, one each in Rochester, Binghamton, Brooklyn, and the South Bronx. By 1989, additional state funding increased the number of community school sites across the state to 14.

The Community School Program (CSP) initiative is designed to build school/community collaborations, promote instructional change and year-round schooling, and organize schools as sites for access to a wide range of social, cultural, health, recreation, and other services for children, their families, and other community adults

The Community School Project #14 in Rochester, New York, began serving families at the Chester E. Dewey School—over 85 percent of whom receive assistance from the Department of Social Services—in 1988. A steering committee composed of the school principal, key representatives from the Department of Social Services and the Lewis Street Neighborhood Center, the CSP coordinator, and parents began by conducting a community needs assessment. Dozens of programs now operate before and after school. Six of the on-site offerings, including after-school care and mentoring, result from cooperative arrangements with other agencies. Eleven evening programs and activities reach hundreds of adults throughout the year.

The CSP has also developed several strategies to address the community's serious housing needs—identified as a top priority by parents. First, the CSP, using DSS staff, designed and conducted workshops on tenants' rights. Second, they arranged with the local housing council to gain access to a computer-generated daily listing of available housing in the area. Third, the steering committee developed a flyer for parents explaining the negative impact of repeated moves on children's school performance. Fourth, CSP partners work closely to assist parents who might be having housing difficulties. When school or CSP staff learn that a family is moving, DSS is notified so that they can explore the cause and offer services that could resolve the situation. A DSS outreach worker, who

visits the school daily to create supportive relationships in frequent, informal encounters, helps in this regard. As a result, family evictions have decreased and the student mobility rate—student turnover in a given year—has dropped from 112 percent to 59 percent.

In order to allow localities the time and flexibility necessary to develop creative models, the state has not required programs to be formally evaluated in their first year or two. The Rochester site believes this grace period has been "a blessing:" They have felt free to experiment because they don't have to be frightened of failure.

The open school ethos central to the Community Schools model has encouraged local agencies to include the school as a key element in local community development efforts in CSP sites across the state. In Rochester, the School Board has recently voted to use the CSP model in the design of four new schools planned for construction.

CONNECTICUT FAMILY RESOURCE CENTERS
DEPARTMENT OF HUMAN RESOURCES
BUREAU OF PLANNING AND PROGRAM DEVELOPMENT
1049 ASYLUM AVENUE
HARTFORD, CONNECTICUT 06105
Paul Vivien
203-566-8048

and

THE KILLINGLY PUBLIC SCHOOL FRC
PO BOX 218
ROGERS, CONNECTICUT 06263
Anne Desjarlais, Project Coordinator
203-774-8022

In 1988, the Connecticut General Assembly passed legislation, authored in consultation with Connecticut's Permanent Commission on the Status of Women, the Bush Center for Child Development and Social Policy at Yale University, and the State Departments of Education and Human Resources, to create Family Resource Centers (FRC). Three hundred thousand dollars was allocated for a six-month demonstration program. In 1989, the Assembly increased its commitment to $500,000 for the fiscal year.

The Family Resource Center in Killingly, Connecticut is one of three original demonstration sites funded by the State Department of Human Resources and operated in partnership with the public schools and other community service agencies. Modeled after Edward Zigler's Schools of the 21st Century concept, Family Resource Centers use the schools as the point of access to a *system* of family support and child development services. Centers are operated by child development specialists, usually in cooperation with existing community-based child and family service agencies. FRCs offer four basic categories of preventive services and fundamental child development supports appropriate for *all* children and families in the community.

Childcare, full-time for preschoolers, and before and after-school for children up to sixth grade is the centerpiece of each Center. Enrollment selection is based on a list of priorities with a sliding fee scale. Programs attempt to be "user friendly" with centers open from 7:00 AM to 6:00 PM year round, closing only on five major holidays.

A second component focusing on parent education and training is open to anyone living in the geographic area. Relying on hospital referrals, birth announcements in the papers, and word of mouth, the FRCs send letters inviting new parents to participate in a program of home visiting, toy and resource libraries, and child development education classes. These activities bring parents into the schools and help to create positive home-school relationships long before their children are formally enrolled. Parents who have not graduated from high school can enroll in literacy and General Education Diploma (GED) preparation courses while their preschool-age children are receiving full-time care at the center.

A third component is designed to provide support and training for family daycare providers, the major source of infant care in the state. The centers provide workshops and continuing information on insurance, taxes, and other business concerns and involve providers in child development and other child and family-focused training.

Teen pregnancy prevention is the fourth program component. Centers provide positive youth development activities aimed at younger students and use a group format to help young men and women up to age 18 develop support networks and build health-related and social skills. In each area, the centers provide information and resource referral on a wide range of children, youth, and family issues.

FLOYD COUNTY YOUTH SERVICES COALITION
ST.PAUL'S PARISH HOUSE
1015 E. MAIN STREET
NEW ALBANY, INDIANA 47150
Ralph Thumas, Project Director
812-944-2972

Relationships among key service providers on the Youth Services Board, a direct service agency, gave birth to this system level coalition in 1986 as a mechanism to coordinate community services for youth. Through a three-pronged committee structure focusing on networking, advocacy, and long range planning, Floyd County Youth Services Coalition (FCYSC) action committees work to identify needs and resources, to design short and long term strategies to maximize available resources, and to generate new avenues of support for youth and families. Coalition activities were underwritten by in-kind donations of time and staff for the first 3 years of its existence; in 1989 a $111,000,

three-year Lilly Endowment grant was received to support its work. The Endowment will also support a 1990 evaluation of the coalition to identify the elements of the process the partnership uses to build ownership and achieve results. Recent accomplishments and continuing efforts focus on both more responsive service delivery and system-wide improvements.

An FCYSC Juvenile Justice Action Group's exploration of local needs led to the creation of a holdover program in which youthful offenders could be temporarily housed in a local rented room with adult supervision rather than in adult jails or in institutional settings at great distance from their families. Since the county could not afford its own permanent facility, the Action Group approached the chief probation officers in several other counties. Together, they applied for and received state funding to establish regional juvenile detention centers in three locations throughout south central Indiana.

A survey conducted by the Child Care Action Group identified the glaring need for services especially among parents working evening and night shifts. While working to secure funding to create a coordinating mechanism similar to a 4Cs (Coordinated Community Child Care) approach, the group is negotiating a new partnership among an interfaith social service agency, a local church, and city government to markedly expand existing day care service slots.

The Long Range Planning Committee has conducted a key informant study of its members to determine the perception of service providers about the needs of their clients. This will be used as a companion piece to the United Way's large-scale Allocation Needs Assessment, a home-based field study. Results of client and provider perspectives will be compared and combined with service utilization information and used as the basis of a county-wide human services plan.

The Coalition has attempted to put the needs of youth and families on a broader community agenda. It has joined the Chamber of Commerce and is working with the Tourism and Convention Board and the University of Southeastern Indiana among others to create a three-county community foundation that would provide money for broad-based community development and special projects. FCYSC's participation ensures that the needs of children and families will be one of the foundation's basic priorities.

The Steering Committee is currently developing a plan for ongoing funding. Possible options include some combination of member agency contributions, support from other community resources, and external matching grants.

FOCUS ON YOUTH PROGRAM
315 W. NINTH STREET
SUITE 1110
LOS ANGELES, CALIFORNIA 90015
Jose Colon, Director
213-622-5237

Sponsored by the Los Angeles, California Education Partnership (LAEP), a private sector school reform effort, this joint venture with the LA Unified School District is designed to integrate non-academic human services with students' educational programs. A Leadership Advisory Committee composed of representatives from the participating agencies, the Mayor's Office, Chamber of Commerce, the business community, and other educational, civic, and philanthropic organizations operates as a pool of consultants.

During a three-year pilot demonstration phase, a Focus on Youth Director was hired by the district with LAEP funding from the Whittier and Stuart Foundations and coordinators were assigned to 16 participating elementary, junior, and senior high schools. An orignal group of 740 at-risk students was identified. Working within the school system, coordinators began to develop the program's "structured way of building relationships." Coordinators demonstrated case management techniques, initiated relationships with public and private agencies, and coordinated their services on behalf of individual students.

Preliminary data show that dropout rates for Focus students are much lower than school averages. For example, from 1986 to 1989, the cumulative dropout rate for the original sample of 102 students in the Manual Arts High School site was 12.8 percent compared to the school's three-year estimated cumulative rate of 66.4 percent. At Belmont High, the rate among their 72 student sample was 8.9 percent in contrast to the school's cumulative dropout rate of 49.3 percent.[1]

FOY is now permanently shifting its attention from actually delivering services to working with principals and school teams to institutionalize an effective program. During a transition stage, Focus on Youth (FOY) staff worked with school site personnel to help them develop in-house teams to continue the program after funding for individual site coordinators was no longer available. In each team, school and agency staff now rotate the role of facilitator, lead case conferences on individual students, and follow up on referrals. Members include dropout and recovery program consultants, vice principals or administrative deans, counselors, school psychologists, and others.

While dropout rates have been lower in all Focus schools, academic improvement has been cited only at those schools where there has been an effective school team meeting regularly to evaluate the status of students and the effectiveness of school and community resources. According to evaluation data, FOY "significantly reduces the dropout rates among at-risk students and raises their academic performance" when the school principal is involved and supportive

and when the study team meets on a weekly basis. Evaluation data also show that FOY services were most likely to be effective for students with at least a 1.0 grade point average and no more than 12 days of truancy.

The LAEP is now developing new sources of corporate support to supplement a limited school budget. Study team members need ongoing, cross-agency training and technical assistance to provide effective case management. Because Focus on Youth fits the model of a "wrap around services" approach advocated by the United Way, that organization is another potential source of interim support.

GRAND ACADEMY
C/O GRAND STREET SETTLEMENT
80 PITT STREET
NEW YORK, NEW YORK
Paul Winum, Assistant Executive Director
212-674-1740

Grand Academy, a collaborative effort between the Grand Street Settlement (GSS) and New York City's School District #1 is an alternative-site, dropout prevention program designed to change patterns of school failure and truancy. The program began in 1982 to provide a fresh start in a new environment for 7th grade students who repeatedly failed promotional "gates" tests. City-wide promotional tests are no longer used, but the program has been expanded to serve 120 7th through 9th grade students otherwise failing in school and chronically truant. The Board of Education funds the program's lead teacher/administrator and provides classroom teachers. GSS contributes space, vocational and mental health counseling services, and day-to-day supervision. According to GSS, the creation of Grand Academy represented the first time the Board of Education entered into a financial contract with a community-based organization to deliver services.

Although the education program differs little from that offered in traditional classrooms, Grand Academy is unique in 1) its small class size; 2) location away from school buildings that are often "contaminated with failure;" 3) persistent counseling interventions to identify and resolve problems that interfere with school attendance; 4) easy access to the full range of services offered by Grand Street Settlement; and 5) the opportunities it provides students for positive daily interaction with many community adults.

The design for the Academy was jointly conceived by the principal of Intermediate School #22, the Superintendent of District One, and Grand Street Settlement staff. Nothing was assumed or left to chance. All parties agreed in advance how the program would operate. A full-time, on-site supervisor assigned to the program from the Board of Education, teachers, Grand Academy counselors, supervisor, and other members of the Grand Street The clinical team meets daily to discuss progress, resolve problems, and conduct regularly scheduled case conferences on specific students.

As a result of Grand Academy services, attendance among students identified as chronically truant improved markedly, to an average of 85 percent. Skill levels improved substantially as well. Ninety-six percent of the 1988 entering class improved their reading skills sufficiently to be promoted. Twenty-one percent were graduated to the next grade and 75 percent advanced two grade levels. Math scores improved 25 percent on average.

KENTUCKY INTEGRATED DELIVERY SYSTEM (KIDS)
DEPARTMENT OF EDUCATION
CAPITOL PLAZA TOWER
FRANKFORT, KENTUCKY 40601
H. Gippy Graham
502-564-2117
and
FULTON COUNTY SCHOOLS SITE
P.O. BOX 50
HICKMAN, KENTUCKY 42050
Glenda Cochrum, Special Education Coordinator
502-236-3923

In 1988, the Kentucky Integrated Delivery System (KIDS) initiative began as a joint venture between the State Department of Education and the Governor's Cabinet of Human Resources, which includes the Departments of Social Services, Health, Mental Health and Mental Retardation, and Employment. Its purpose was to help local agencies develop mechanisms to coordinate existing services and make the services of social workers, mental health counselors, public health professionals and others available at school sites. No new funds were attached.

In an interagency memorandum of understanding, the Department of Education agreed to provide a state coordinator and technical assistance. The Cabinet of Human Resources put up $5,000 for travel and secretarial support, and committed the services of its local agencies to provide services. Sites were chosen by first identifying a wide cross-section of social service departments organizationally able to undertake an additional set of responsibilities, and then matching them with school districts with an established record of interagency cooperation which had volunteered to participate in the program.

By the end of the 1989-90 school year, 14 local joint ventures were underway and working to:

- develop formal agreements specifying their goals and objectives and each agency's responsibilities in accomplishing these objectives;
- create a multi-agency case conference team to identify and share information on children whose families are or need to be receiving services from

more than one agency, make referals, and ensure follow-up;
- specify procedures for 1) ensuring confidentiality and 2) sharing case conference recommendations with parents;
- train school and agency staff on the purpose of collaboration and the operation of the case conference team;
- physically locate designated service delivery staff at school sites.

MARYLAND'S TOMORROW
DEPARTMENT OF EDUCATION
200 W. BALTIMORE STREET
BALTIMORE, MARYLAND 21201
Irene Penn
301-333-2426
and
HARFORD COUNTY MARYLAND'S TOMORROW
SUSQUEHANNA PRIVATE INDUSTRY COUNCIL
410 GIRARD STREET
HAVRE DE GRACE, MARYLAND 21807
Linda Siegal
301-575-7248

In 1987, the Education Task Force of the Governor's Employment and Training Council developed the concept of a dropout prevention program in which Private Industry Councils (public-private partnerships established under the federal Job Training Partnership Act (JTPA) and known as PICs) would work in tandem with the public schools to provide long term, year-round services to at-risk students.

Supported by state general funds and augmented by monies from a portion of the JTPA funds designated for state educational coordination and services, Maryland's Tomorrow (MT) serves over 5,000 students in 75 secondary schools across the state.

In order to receive funds, PICs and schools districts in their areas were required to jointly plan and implement a local program that would utilize local resources and integrate MT's five basic components: basic skills enhancement, work experience, motivation and leadership development, student support, and transition services.

In the 1988-89 school year, approximately 5,000 students in 75 secondary schools received services. An independent evaluation of a representative statewide sample of MT students showed that their educational outcomes were significantly better than those of non-participants. By the end of 9th grade, students *not* in MT had a 45 percent higher dropout rate, a 26 percent higher failure rate and a 20 percent lower promotion rate. Twenty eight percent more MT students had passed all of the Maryland Functional Tests needed for graduation than those who had not received services.

Although the nature and intensity of local MT services varies widely within the parameters of the MT model, evaluators report qualitative changes in the school environment at many sites. Factors that contributed to strong outcomes were identified as:
- specification by the state of core program components rather than the imposition of a rigid model;
- early agreement among district and school staff that institutional changes were necessary to help at-risk youth;
- active involvement and support of the local PIC and its members;
- a specially selected staff of experienced teachers who knew the system;
- highly supportive school principals.

Currently in its second year of funding, MT has an operating budget of over $5,000,000. During the 1989-90 school year, it has served approximately 5,800 9th through 12th graders at an average cost of about $1,000 per student.[2]

NEW BEGINNINGS
SAN DIEGO CITY SCHOOLS
4100 NORMAL STREET
SAN DIEGO, CALIFORNIA 92103
Jeanne Jehl, Administrator on Special Assignment
619-293-8371

In 1988, partners in San Diego's New Beginnings collaboration began work toward a shared vision: to develop alternative strategies to respond to family and community needs—particularly in the area of prevention—and to develop closer working relationships among agencies in order to bring about institutional change. The initiative is composed of high level representation from the San Diego County Departments of Health, Probation, and Social Services, Juvenile Court, as well as the County Chief Administrative Officer. Members also include representatives from the City of San Diego's City Manager's office, and the Housing and Planning Commissions, the Superintendent of the City School District, and several Assistant Superintendents, as well as the Chancellor of the San Diego Community College District. Each partner contributes leadership, staff time, and support services to the collaborative effort.

Their first step was the design and implementation of a feasibility study to assess the effectiveness of services to meet a broad range of children and family needs in the high poverty neighborhood surrounding Hamilton Elementary school. A variety of methods were used to gather initial information including: family interviews, focus groups with line workers, data derived by providing case management services to 20 families for three months, and cross-matching school data with the Departments of Social Services and Probation, and Housing Commission files.

Using this information, the partnership is developing an integrated, school-based service delivery model that could be implemented at Hamilton, with the potential for replication in other neighborhoods. The New Beginnings approach would serve all families with children between the ages of 5 and 12 years attending public school in a designated school attendance area. A staff of Family Service Advocates (FSAs)—generalists from participating agencies retrained to work with families and students as case managers—would be co-located at a center in or adjacent to the school. An extended team of agency staff located at their respective organizations would provide specialized services and meet regularly with center staff for training and consultation. The school staff would serve as the primary source of referral. School support service staff such as the guidance counselor, nurse etc., and specific activities including school enrollment, free lunch eligibility determination, and language and health assessments would be moved to the center. Teachers would have the opportunity to job share or serve temporarily as FSAs.

Anticipated outcomes would be the more efficient use of education and social service monies to enhance the skills, environments and well-being of families. Over time, an increased percentage of the community would manifest improvement on numerous specific indicators, for example, employment, welfare enrollment and duration, abuse reports, adult and juvenile arrest rates, school attendance and graduation, teacher stability, birth weights and inoculation rates, among others. The New Beginnings Team, with assistance from California Tomorrow, a non-profit educational corporation and support from the Stuart Foundations, convened a conference in June 1990 to share their model. With feedback from state and national policy analysts, New Beginnings is working with practitioners involved in collaborative programs across the state to discuss the next steps for school-based services throughout California.

NEW JERSEY SCHOOL-BASED YOUTH SERVICES PROGRAM
DEPARTMENT OF HUMAN SERVICES
CN 700
TRENTON, NEW JERSEY 08625
Roberta Knowlton, Acting Director
609-292-7816

A program of the NJ State Department of Human Services, the School-Based Youth Services Program (SBYSP) funds 29 "one-stop shopping" centers across the state. The program was inspired by the school-based health clinic demonstrations funded by the Robert Wood Johnson Foundation and hopes to replicate their success on a far broader scale. SBYSP centers link the education and human service systems by coordinating their services at a single location and help 13-19 year-olds complete their education, obtain skills and further training, and lead a mentally and physically healthy life. The program imposes no single model, but all projects must provide mental health and family counseling and health and employment services at a single location. They must also offer year-round services during and after school and on weekends.

The initiative fosters local collaboration by requiring that local agencies collaboratively plan programs while allowing them substantial flexibility in meeting basic program requirements. Applications made jointly by school districts with at least one other public or non-profit organization were required to show broad public and private sector support. In order to build local commitment, host communities were asked to support 25 percent of their own program costs through direct aid or in-kind contributions. The state offers assistance when necessary to expedite the coordination of services. For example, SBYSP can assist a school in obtaining Medicaid certification so that it can be reimbursed for providing on-site health services to Medicaid-eligible students.

All sites are located at or near participating schools, but over half are managed by a variety of non-school agencies designated by the community, including mental health agencies, a private industry council, a city human resources department, medical schools and hospitals, a community development organization and other entities. In addition to core services, many sites offer childcare, family planning, and transportation. Services are available to *all* students who need them. The stigma attached to receiving services reserved for "at-risk" students is eliminated, and resource-consuming eligibility determinations are avoided.

In the first year, $6 million was earmarked for SBYSP as part of the annual state budget appropriation. An additional $500,000 has since been added to develop an elementary school level demonstration. In its first 18 months, the state-wide effort connected 10,000 students with 35,000 prevention and treatment services.

NORTHAMPTON COMMUNITY COLLEGE
ADULT LITERACY PROGRAM
DIVISION OF COMMUNITY EDUCATION
3835 GREEN POND ROAD
BETHLEHEM, PENNSYLVANIA 18017
Eleanora Bell, Acting Director
215-861-5427

The Northampton Community College Literacy Department provides a comprehensive array of literacy, numeracy, Adult Basic Education, General Education Diploma (GED) preparation, English as a Second Language (ESL) classes, Family Literacy programs and workplace literacy services to more than 600 adults across the Lehigh Valley. The college provides administrative salaries, classroom and office space, and "a virtual playground of resources" for students; additional funding comes from the Department of Education, private foundations and the local Private Industry Council. The college benefits by having an on-site

program of services for the significant percentage of its students who need remedial assistance, and provides 20 percent of the department's total referrals. An advisory board composed of human service agency directors, business leaders, and administrators of other literacy efforts recommends program direction.

In part due to a strong relationship with the Bethlehem Chamber of Commerce, Northampton currently has cooperative arrangements with four different industries to design on-site, diagnostic testing in reading, language, and math, and customized literacy training. The department also co-locates services at homeless shelters, the county prison, and a drug rehabilitation hospice and offers family literacy services to Title 1 parents in a local school district. Only two classes are offered at the main campus.

A recent on-site review by a team from the U.S. Department of Education noted Northampton's range of community sites and contacts with community agencies, number and quality of course offerings, and the diversity of students who participate. These factors, in addition to strong support and training services for staff, led the USDE to award Northampton the 1990 Secretary's Award for Outstanding Adult Education and Literacy Program in Region III.

SAVANNAH, GEORGIA NEW FUTURES INITIATIVE
CHATHAM COUNTY-YOUTH FUTURES AUTHORITY
128 HABERSHAM STREET
SAVANNAH, GA 31401
Otis Johnson, Director
912-651-6810

The Chatham County-Savannah Youth Futures Authority, the governing body of the Savannah, Georgia New Futures Initiative, will receive $10 million from the Annie E. Casey Foundation over five years, and another $10.5 million from state and local cash and in-kind contributions. The goal of this ambitious commitment is to create a comprehensive system to rescue at-risk youth.

The Initiative currently serves about 350 students and, by 1991, plans to operate at a total of five middle schools and four high schools. By 1993, the Initiative anticipates overall improvements in math and reading scores, absenteeism, dropout rates, teen pregnancy, and unemployment.

To respond to students' multiple needs as flexibly as possible, each student is assigned to an in-school support team composed of an academic facilitator, a nurse, psychological counselor, and social worker. Case managers, considered the heart of the program, coordinate the individual services each student should have, make sure that students are receiving all that they need, and help to ensure that the combination of services is having the intended effect. To provide continuity, the same case manager follows a student throughout the program.

Reduced-size classes give students special help in math and language arts. Those who have been held back and are over-age for their grade may participate up to three hours daily in individualized, competency-based remedial instruction. Working at their own pace, students can be promoted as soon as they master grade-level skills.

On-site health services are provided through the Department of Public Health at one high school. School policies have been modified to authorize school-related health clinics and revisions in the life skills courses so that students and teachers can freely address concerns about sexuality and the consequences of teen pregnancy.

After school programs and clubs and exposure to adult mentors are designed to help students experience success and develop realistic personal goals and objectives. Career clubs for middle school students use field trips and volunteer opportunities to introduce students to the world of work. Senior Career Development Clubs provide training, counseling, and other assistance to older youth who are immediately at risk of unemployment. Students in School Success Clubs can compete for 15 scholarships offered annually by area colleges.

A Savannah Compact has recently been established in which the local Chamber of Commerce and the school district have made a joint commitment to improve the educational achievement and job readiness of Savannah students, as well as to assure employment and post-secondary education opportunities to those who graduate.

VENTURA COUNTY CHILDREN'S DEMONSTRATION PROJECT
MENTAL HEALTH SERVICES, RESEARCH AND EVALUATION
300 HILLMONT AVENUE
VENTURA, CALIFORNIA 93003
Daniel Jordan
805-652-6775

In 1984, the California State Assembly established the Ventura Children's Demonstration Project to test the effectiveness of a community-based, culturally sensitive, interagency system of mental health care designed to improve services and reduce costs. The demonstration targeted the mental health needs of the most severely mentally disordered children in several specific sectors of the community: 1) court-ordered dependents who have been abused, molested, or abandoned; 2) juvenile offenders; 3) children receiving other intensive public services; and 4) students in county special education programs.

Interagency agreements were established between the Ventura County Mental Health Department and key agencies in each of the four sectors. These agreements specify each partner's responsibilities in coordinating services. In each case, collaborative efforts were guided by two key principles; 1) that young

people with the greatest needs should be served at the lowest possible cost; and 2) that strategies should be explored to meet young people's mental health needs within their home communities in the least restrictive setting possible.

As a result of interagency agreements between the Mental Health Department and the public schools, a sub-system of care has been developed that provides critical mental health services to children who need them directly at the school and front line support to school staff to help them meet their special education responsibilities. Mental health services are tailored to a special education setting. Possible service options follow mental health guidelines e.g., outpatient, day treatment, and residential services, but they are provided in accordance with the Individualized Education Plan (IEP) and other procedures and regulations specified by federal and state special education legislation.

Eligibility for services is jointly determined. A mental health assessment is requested, but the mental health professional joins the IEP team only if an initial evaluation indicates that the child is likely to need mental health services in order to benefit from special education. Team members then recommend the appropriate services in the least restrictive environment. Students who need outpatient services, for example, can often receive them while mainstreamed in a regular school program. Individual, family, or group psychotherapy, medication, or consultation can be provided with on-site staff. Day treatment services, which before the advent of the Ventura Children's Demonstration Project were available only in a public residential setting or a non-public day treatment program, are now available on-site as well. Three special education classes, each with a full-time special education teacher, and an education aide share the in-class services of a full-time mental health professional. Two clinical social workers work with children and their families, and six hours of psychiatric consultation are provided weekly. The program is jointly supervised by senior representatives of the County Superintendent of Schools and a clinical psychologist from the County Mental Health Department.

The Project's anticipated outcomes in all sub-systems of care were specified in authorizing legislation passed in 1984, and exceeded in every case. Significant gains in attendance and academic performance were achieved by mentally disordered special education pupils receiving services in the day treatment program. The number of out-of-county special education nonpublic school placements declined by 21 percent. Overall, the Project offset 77 percent of its costs through reductions in other public sector expenses. Client outcome evaluation is an integral part of the Ventura Model and sets a precedent for human service programs. In 1988, the General Assembly passed new legislation extending the Ventura approach to adults and replicating the children's model in two additional counties.

[1]John B. Orr. *Evaluation Report on Focus on Youth* rev. ed. Los Angeles, CA: Los Angeles Educational Partnership, September 22, 1989.

[2]Laura H. Salganik, Karen E. Banks, Lori A. Bruner. "Maryland's Tomorrow: Making A Difference." Executive Summary. Prepared by Pelavin Associates for the Johns Hopkins University Institute for Policy Studies, Washington, DC, 1990.

APPENDIX B

Resources for Additional Information and Assistance

American Public Welfare Association (APWA)

Beverly Yanich, Associate Director
Bard Shollenberger, Director of
Government Affairs
810 First Street N.E.
Suite 500
Washington, DC 20002
(202) 682-0100

APWA represents state and local human service departments and individual members. It advocates sound, effective, and compassionate social welfare policy and brings state and local policy leadership into national decision-making. APWA carries out a comprehensive agenda of social welfare policy research, development, and analysis and provides information and technical assistance to state and local officials and others on all aspects of the Family Support Act of 1988.

Center for Law and Social Policy (CLASP)

Alan W. Houseman, Executive Director
Mark Greenberg, Senior Staff Attorney
1616 P Street N.W.
Suite 350
Washington, DC 20036
(202) 328-5140

CLASP works to establish effective linkages between U.S. welfare and education systems to help address the problems of poverty in America's poor families. The Center provides information and technical assistance to state and federal officials, school personnel, and legal and policy advocates in meeting the requirements of the Family Support Act of 1988.

Center for the Study of Social Policy (CSSP)

Tom Joe, Director
Cheryl Rogers, Senior Research Associate
1250 Eye Street N.W.
Suite 503
Washington, DC 20005
(202) 371-1565

The Center provides information on the principles of interagency and intergovernmental planning, budgeting, and service delivery.

Child Welfare League of America, Inc. (CWLA)

Earl N. Stuck, Jr., Director of
Residential Care Services
440 First Street N.W.
Suite 310
Washington, DC 20001-2085
(202) 638-2952

CWLA is a 70 year-old organization of over 630 child welfare agencies from across the United States and Canada. Together with the 150,000 staff members from our member agencies, CWLA works to ensure quality services for over two million abused, neglected, homeless, and otherwise troubled children, youth and families. CWLA participates actively in promoting legislation on children's issues, and provides a wide variety of membership services including research, consultation, training and publication.

Children's Defense Fund (CDF)

Clifford M. Johnson, Director,
Family Support Division
Arloc Sherman, Research Associate
122 C Street N.W.
Washington, DC 20005
(202) 628-8787

CDF, a private, non-profit organization, gathers data, publishes reports, and provides information on key issues affecting children. It also monitors the development and implementation of federal and state policies, provides technical assistance and support to a network of state and local child advocates, organizations, and public officials, pursues an annual legislative agenda, and litigates selected major cases.

Council of Chief State School Officers (CCSSO)

Cynthia G. Brown, Director, Resource Center on
Educational Equity
Glenda Partee, Assistant Director
400 North Capitol Street
Washington, DC 20001
(202) 393-8159

CCSSO is a non-profit organization composed of the heads of the 57 departments of public education in every state, the District of Columbia, the Department of Defense Dependent Schools, and five extra-state jurisdictions. The CCSSO Resource Center on Educational Equity is responsible for implementing various CCSSO leadership initiatives to provide better educational services to children and youth at risk of school failure. It provides technical assistance in policy formulation, develops programs and materials, holds conferences, monitors civil rights issues, and provides training. The Center also publishes a quarterly newsletter.

Council of the Great City Schools

Milton Bins, Deputy Director
1413 K Street, N.W., 4th Floor
Washington, DC 20005
(202) 371-0163

The Council of Great City Schools, the primary advocate for public urban education in America, within a national focus on urban education that includes cooperation with other organizations, articulates the positive attributes and needs of urban youth. The Council promotes public policy to ensure the improvement of education and equity in the delivery of comprehensive educational programs, and provides a forum for urban educators to develop strategies, exchange ideas and conduct research on urban education.

Education Commission of the States (ECS)

Robert M. Palaich, Director of Policy Studies
707 17th Street, Suite 2700
Denver, CO 80202-3427
(303) 299-3600

Created in 1985, ECS is an interstate compact that helps state leaders improve the quality of education. ECS conducts policy research, surveys and special studies; maintains an information clearinghouse; organizes state, regional, and national forums; provides technical assistance to states; and fosters nationwide leadership and cooperation in education. ECS priority issues include restructuring schools for more effective teaching and learning, addressing the educational needs of at-risk youth, improving the quality of higher education, and ensuring the full participation of minorities in the professions by ensuring their full participation in education.

Institute for Educational Leadership (IEL)

Jacqueline P. Danzberger, Director of
Governance Programs
Martin J. Blank, Senior Associate
1001 Connecticut Avenue N.W.
Suite 310
Washington, DC 20036
(202) 822-8405

IEL is a non-profit organization dedicated to collaborative problem-solving strategies in education, and among education, human services and other sectors. The Institute's programs focus on leadership development, cross-sector alliances, demographic analyses, business-education partnerships, school restructuring, and programs concerning at-risk youth.

Joining Forces

Janet E. Levy, Director
Sheri Dunn, Project Associate
400 North Capitol Street
Suite 379
Washington, DC 20001
(202) 393-8159

Joining Forces promotes collaboration between education and social welfare agencies on behalf of children and families at risk. Information is available on strategies and programs for successful collaboration.

National Alliance of Business (NAB)

Center for Excellence in Education
Esther Schaefer, Senior Vice President
and Executive Director
Terri Bergman, Senior Manager
1201 New York Avenue N.W.
Suite 700
Washington, DC 20005
(202) 289-2888

NAB seeks to help build a quality workforce for America that will provide business with highly qualified, job ready workers. The Alliance carries out its mission by working with private employers and through public private partnerships to: 1) upgrade the skills and abilities of the existing workforce through workplace learning efforts, 2) improve the output of America's public schools by involving business in education reform, and 3) train the unemployed and underskilled for entry into the labor force through second chance initiatives.

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc.

Gordon A. Raley, Executive Director
Kae G. Dakin, Director of Membership Services
1319 F Street, N.W.
Suite 601
Washington, DC 20004
(202) 347-2080

The National Assembly is an association of national voluntary human service organizations that work together to advance the mission of each agency and the human service sector as a whole. The Assembly facilitates organizational advocacy for public policies, programs and resources which are responsive to human service organizations and those they serve.

National Association of Counties (NACo)

Michael L. Benjamin, Associate Legislative Director
Marilou Fallis, Research Associate for
JOBS Implementation
440 First Street, N.W.
Washington, DC 20001
(202) 393-6226

NACo represents more than two-thirds of the country's 3,110 counties. NACo serves as a national advocate for county concerns and assists county officials in finding innovative methods for meeting the challenges they face. In human services, NACo's mission is to assist counties in developing human services programs designed to achieve the full objectives of encouraging self-support, self-reliance, strengthening of family life, and the protection of children and adults.

National Association of Secondary School Principals (NASSP)

Timothy J. Dyer, Executive Director
Thomas Koerner, Associate Executive Director
1904 Association Drive
Reston, VA 22091
(703) 860-0200

NASSP is an association serving all school administrators in middle-schools and high schools. It provides more than 40,000 members with professional assistance in managing effective schools. As a service organization, it publishes a host of materials in print, audio and videotapes, and software; it conducts conventions and conferences for professional development; it provides a national voice in government; it offers legal advice; and it conducts research into learning and instruction, among many other subjects.

National Association of State Boards of Education (NASBE)

Janice Earle, Program Director,
Youth Services
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000

NASBE provides information on: educational policy-setting at the state level; successful programs for youth at risk, especially adolescent parents; and early childhood programs. Publications on these subjects are available.

National Governors' Association (NGA)

Evelyn Ganzglass, Director of Training
and Employment Program
Linda McCart, Director of the Consortium
on the Implementation of the Family Support Act
(APWA, NACO, CCSSO, and NGA)
Susan Traiman, Acting Director
Education Program
444 North Capitol Street
Suite 250
Washington, DC 20001
(202) 624-5300

NGA, representing the Governors of the 50 states and the territories, seeks to influence the shape and implementation of national policy and to apply creative leadership to the solution of state problems. NGA provides assistance to Governors and their staffs in the areas of education, social services, employment/training, and health policy through research, publications, conferences, and consultation.

National League of Cities (NLC)

John E. Kyle, Project Director
Children and Families in Cities Project
1301 Pennsylvania Avenue, N.W.
Washington, DC 20004
(202) 626-3030

The NLC represents 1,400 cities directly and 15,000 cities and towns through 49 state municipal leagues. It serves as an advocate for its members in Washington, DC; provides training and technical assistance to municipal officials; and undertakes research and policy analysis on issues of importance to the nation's cities. The Project on Children and Families in Cities is an ongoing effort to encourage and assist local officials in meeting the needs of children and families. Project activities are focused on education, child care, and collaborative strategic planning.

National School Boards Association

Thomas A. Shannon, Executive Director
Philip A. Smith, Communications Director
1680 Duke Street
Alexandria, VA 22180
(703) 838-6722

The National School Boards Association is a not-for-profit organization with four basic objectives to: 1) advance the quality of education in the nation's public elementary and secondary schools, 2) provide informational services and management training programs to local school board members, 3) represent the interest of school boards before Congress, federal agencies, and the courts, and 4) strengthen local citizen control of the schools, whereby education policy is determined by school boards directly accountable to the community.

National Youth Employment Coalition (NYEC)

Linda R. Laughlin, Ph.D.
1501 Broadway, Room 1111
New York, NY 10036
(212) 840-1834

NYEC, a nonprofit membership organization, has existed since 1979 to increase and promote opportunities for the education, employment, and training of disadvantaged youth. Through a range of activities aimed at disseminating information, monitoring legislation, providing technical assistance, and promoting collaborative efforts, the Coalition brings together 60 member organizations concerned with youth employment. The Coalition holds quarterly meetings and publishes a bi-monthly newsletter.

United States Conference of Mayors

J. Thomas Cochran, Executive Director
Laura Dekoven Waxman, Assistant Executive Director
1620 Eye Street N.W.
Washington, DC 20006
(202) 293-7330

The U.S. Conference of Mayors is the official non-partisan organization of the mayors of the more than 900 cities with a population of 30,000 or more. The Conference of Mayors has two primary functions: influencing the development of public policies to assure that they are responsible to the needs of cities and their residents and providing information and assistance to mayors and other city officials on critical urban issues. Among the human development issues of primary concern to the nation's mayors are those

relating to hunger and homelessness, poverty, drug abuse, education and employment and training.

Wider Opportunities for Women (WOW)

Cynthia Marano, Executive Director
1325 G Street N.W.
Lower Level
Washington, DC 20005
(202) 638-3143

WOW is a national women's employment organization which works to achieve equality of opportunity and economic independence for women. WOW coordinates the Women's Work Force Network, connecting 450 local employment and training programs and serving 300,000 women each year. WOW's resources include program models and technical assistance guides related to combining literacy and employment training for single mothers.

William T. Grant Foundation Commission on Work, Family and Citizenship

Harold Howe II, Chairperson
Samuel Halperin, Study Director
Atelia I. Melaville, Senior Research Associate
1001 Connecticut Avenue, N.W.
Suite 301
Washington, DC 20036
(202) 775-9731

The Grant Commission has issued two major reports and two dozen background and information papers on the special needs of the Forgotten Half, the approximately 20 million young people between the ages of 16 and 24 not likely to pursue a college education. The Commission's office works to implement the recommendations of both reports, and to improve the school-to-work transition of the Forgotten Half by raising public and scholarly awareness, building coalitions, sharing information, consulting, and providing technical assistance to federal, state, and other policy makers. Publication lists are available on request.

APPENDIX C

For Further Reading

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